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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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In This Issue *Page*

Aging Americans 1
Otto M. Reid
Closing the Gap in Social Work Manpower ... 13
Jean K. Szaloczi
Silk Stockings and Blue Collars 18
Publications of Interest 21
Chart Book 23
Small Grants Program 24

Program and Operating Statistics 25

NEXT MONTH'S ISSUE OF WELFARE IN REVIEW WILL MARK THE START OF A NEW PUBLICATION SCHEDULE. WELFARE IN REVIEW WILL BE PUBLISHED TEN TIMES A YEAR, WITH DOUBLE MONTH ISSUES FOR JUNE-JULY AND AUGUST-SEPTEMBER. THE STATISTICAL SUPPLEMENT WILL CONTINUE TO BE PUBLISHED ANNUALLY.

Aging Americans

A Review of Cooperative Research Projects

OTTO M. REID *

The month of May has been designated Senior Citizens Month. It seems appropriate for the Nation at least once a year to assess progress and to renew efforts to insure that we are doing all that can be done--and should be done--to help our 18.5 million senior citizens spend their years as productively and as pleasantly as possible.

The Welfare Administration, through its Federal-State old-age assistance programs, is currently assisting approximately 2.4 million needy aged. Important goals of these programs include improving the living conditions of the aged, securing proper medical care, and providing other services which will enrich their lives.

In recognition of Senior Citizens Month the article that follows reviews seven of the projects on aging supported by the Cooperative Research and Demonstration Grants Program of the Welfare Administration and the Social Security Administration.

Ellen Winston
U.S. Commissioner of Welfare

There are 18.5 million individuals 65 years of age and older in the United States--9.4 percent of the total population. These are the people most commonly defined as aged. Focusing exclusively on chronological age and choosing a particular age limit is obviously an arbitrary procedure which has utility only in a general sense. For some purposes physiological measures of aging would be much more meaningful. With some individuals the process of irreversible physiological deterioration begins early and proceeds rapidly; others remain vigorous through advanced decades of life. In another sense, psychological variables such as the degree to which the individual feels young or old, or the degree to which he thinks and acts like an older or younger person, probably have greatest significance. Finally, we must consider the importance of a sociological definition of aging. Individuals 45 years of age have been told that they are too old for a job for which they are qualified or they are too old for an advancement for which they have long been striving.[1] In an important sense, a man is old if his society says that he is, if those around him make significant discriminations on the basis of his general appearance, insisting that he alter his aspirations, modify his behavior, and resign himself to their own ever-changing images of how he should behave. Social definitions of aging are powerful forces invoking negative sanctions when individuals fail to act or think in ways "appropriate to one's age."

While much useful information already exists bearing on the life situation of the aged and the typical problems they face, there are still many untapped areas which merit further study.

Recognizing that diverse research approaches are needed, the Cooperative Research and Demonstration Grants Program was initiated in 1961. Since then, sixteen research studies dealing with

*Division of Research, Welfare Administration.
For references, see end of article.

problems of the aging have been supported under the program. This article reviews six of the completed projects and one which is well under way.

THE RESEARCH PROJECTS

Preparation for Retirement

If we view the problems of the aged and aging from a logical and chronological point of view, the place to start would be at the stage of planning for the individual's future while he is still young. George Katona,[2] of the Survey Research Center of the University of Michigan, Ann Arbor, directed a study in 1962 and 1963 dealing primarily with the impact of participation in private pension plans on the savings behavior of individuals covered by these plans.

The research sample consisted of 1,853 males, selected to be representative not of the total population but of those who are heads of complete families, all currently in the labor force, and ranging in age from 35 to 64, with family incomes of $3,000 or more per year. The sample, therefore, excluded those families in the United States who were at the lowest income levels, as well as all broken families. Forty-two percent of the sample were covered by private pension plans, 52 percent were not, and the remaining 6 percent were not sure or such coverage was not ascertained by the interviewer.

The major focus of the study was to investigate whether the amount of money regularly saved by families tended to be reduced by the amount contributed to private pension plans. An argument prevalent among economists is that the amount of money family heads contribute to their private pension plans does not really help them prepare for the future since it merely diverts into the pension plan the money that families would otherwise save through private savings.

Katona found that this hypothesis was definitely not confirmed by the data. The amount of money that families saved was not reduced by the amount that family heads contributed to private pension plans. At every income level covered in the sample, those participating in pension plans were more likely to be saving money and to be more saving-oriented than those not participating. Katona interpreted these findings as indicating that aspirations for higher retirement income are raised when people are already optimistic and confident about the future adequacy of their retirement resources.

Another interesting finding from this study was that, in response to a question which asked what ratio between retirement income and current income they expected, only one out of ten of those who answered that question felt that their retirement income would be as close as 70 percent or better of their current income. While family heads at the lower income levels of the sample population generally expected retirement income to be inadequate to meet their needs, family heads at the higher income levels generally felt that their retirement income would be more than adequate. Approximately two out of three of the total sample felt that they would have no financial problems after retirement and about one out of eight felt that they would; others were not certain.

Clearly, individuals who are covered by private pension plans look to their post-retirement future with greater equanimity and with more favorable anticipation. Although retirement would mean a substantial loss of income, 82 percent of the respondents expected their expenses after retirement to be reduced, mainly because their children would have left home or completed their education. They also expected a reduction in housing expenses. Most family heads in the low-income range of the sample anticipated that their income from private pension plans would be an amount equal to or less than what they expected to receive in the form of Social Security benefits. Family heads in the high-income range of the sample often expected private pension plan payments to be two and sometimes three times as much as their Social Security benefits.

Another study dealing with preparation for retirement was conducted by Edwin B.

Shultz,[3] under the overall direction of John McConnell at the New York State School of Industrial and Labor Relations, Cornell University, Ithaca. Shultz's focus was on a study of industrial counseling programs of preparation for retirement, and his concern was with the utility and value of such programs. Shultz selected 2,800 industrial plants, intending that they be representative of all plants in the United States with more than 50 employees. Since only 1,601 plants responded, his sample cannot safely be said to constitute a true cross section of all such plants in the United States. Out of the total plants responding, 185 plants, or 11.6 percent, indicated that they had pre-retirement counseling programs. They tended to be slightly more prevalent in plants offering pension plans--15.4 percent of such plants had counseling programs. Industrial concerns employing less than 500 workers were not likely to have counseling programs, unless they were units of a multi-plant company.

Out of the 185 plants reporting counseling programs, the majority (73 percent) indicated the use of personal counseling. Others indicated that they dispensed literature or that they conducted group counseling sessions. The majority restricted their counseling to three interviews or less. Topics covered by the various programs included a wide diversity of problems, from financial, health and legal, to those pertaining to adjustment to retirement and the use of leisure time, and to living arrangements.

Eight plants with pre-retirement counseling programs were selected for closer scrutiny, and 687 workers and 299 retirees from these plants were interviewed. Their responses were contrasted with the responses of individuals in 14 other plants which offered pension plans but no pre-retirement counseling programs. In general, the employees in the eight plants with pre-retirement counseling programs knew more about their company's retirement policies and pension plans, were more involved in their own planning for retirement, had done more in this regard, and had more favorable expectations as to their future. The retirees in these eight plants were more satisfied with their retirement activities, with their financial situation, and with their health. More of them felt that they were getting along well. When asked to talk about the helpfulness of the counseling they had received, the prevailing feeling expressed was favorable. The retirees reported that the discussions concerning the financial aspects of retirement, problems of adjustment to retirement, and the problems of health in later years were the most helpful aspects of the counseling programs.

It does seem clear from a reading of these research results that counseling programs constitute a desirable, significant, and valuable social service, both in terms of the actual adjustment of retirees who had the benefit of such programs and in terms of their stated feelings about them.

The Social and Familial Adjustment of the Elderly

Gordon Streib[4] and two of his former graduate students at Cornell University conducted a number of studies, ranging from analyses of the willingness of individuals to retire to the social and personal adjustments of people after retirement. Streib and his associates used data which had already been gathered for the Cornell Study of Occupational Retirement.[5] These data were derived through four sets of interviews, in 1952, 1954, 1956 and 1957. The sample used was a national one but was not representative of the U.S. population because it over-represented individuals living in urban areas and working in large industries, and also excluded the self-employed.

Clement Schneider,[6] in his doctoral dissertation under Streib's direction, singled out for study the problem of the adjustment of women to retirement. The research sample consisted of 603 women, all between 63 and 65 years of age. These women were first interviewed in 1952 when all of them were employed, and they were interviewed again in 1954, by which time 170 had retired. When first interviewed only 30 percent of the 603 women

indicated a willingness to retire. A significantly higher number of single than married or widowed women indicated a favorable attitude toward retirement. Single women, as compared with the other two groups, experienced greater satisfaction after actually retiring and experienced considerably less difficulty in not working. All of the women, whether they had retired during the two year interval or were still working, were less satisfied with life in 1954 than in 1952 but those who were still working were least satisfied.

Comparing the characteristics of those who retired willingly with those who retired reluctantly, the willing retirees included greater proportions of single women, more women who were in poor health, and more women whose employment income and expected retirement income was high. It would seem, from this and other studies conducted at Cornell University, that retirement is often occasioned by the necessity to retire because of poor health, or by the ability to retire because one's future economic prospects are favorable. Reluctance to retire seems to be less related to negative feelings toward the new activities associated with retirement than to feelings of apprehension concerning economic well-being after retirement. In a study of retired men predominantly over 65 years old, 78 percent agreed and only seven percent disagreed that, "If they can afford it, when people get older they ought to stop work and take things easy." The other 15 percent were undecided. The study conducted by William Knox [7] of Cornell University is described later in this paper.

Another study involving approximately 800 employed males and about 500 retired males, all of whom were 64 years old when the study began and 71 at the time of the follow-up interview, concentrated on the effects of aging on social participation.[4] Streib found that there was no significant difference between employed and retired males in the amount of social participation, either at the age of 64 or at the age of 71, although both groups showed a decline in social participation during these seven years. Social participation was measured by such activities as visiting with children, grandchildren, and close friends, and participating in card clubs, lodges, unions, and community affairs. One of the few social activities in which there was no decline in participation over the seven years was in reported church attendance.

One of the most interesting of the studies in the Cornell series dealt with the relationship between the aging individual and his children.[8] The sample consisted of 291 parents, 67 to 69 years old, and an adult child selected by the parent as one who would always know where his parent might be contacted. The sample was not representative of the U.S. population since it included fewer individuals in the low-income brackets. Streib found that a somewhat larger number of parents were likely to feel that they and their children formed a close family group than was true of their children. The difference was relatively small: 74 percent of retired parents felt that they and their adult children formed a very close family group as contrasted to 60 percent of their adult children who felt this way. Among the adult children in turn, however, 86 percent felt that they and their own children formed a close family group. Consonant with these findings a somewhat higher proportion of retired parents would have preferred to maintain closer contacts with their adult children than was true of children who desired closer contact with their parents. Again, the difference was relatively small. Those who indicated that they would prefer a great deal more contact numbered 40 percent of the retired parents and 24 percent of their children.

Contrary to the popular expectation that help between aged parents and adult children flows primarily from the latter to the former, Streib found that help in the areas of health and economics was more likely to go from parents to children. About half of the parents and children reported that parents took care of their children when they were ill. They also reported that 40 percent of the children furnished such help to the parents. Again,

the difference between the two groups was not great.

In the case of financial assistance, however, there was a more substantial difference. More than two out of five aged parents were reported to have given financial assistance to their children. In contrast, only about one out of ten adult children were reported to have given financial assistance to their parents. Eighty percent of the parents stated that they had never needed financial help, another 14 percent said that although they had needed help they had never asked their children to furnish it. While the sample studied is not representative of the general population of the United States in that it included fewer individuals with low income, it would be interesting to explore further the suggestion emerging from this study: that the financial resources of the elderly parent often tend to be greater than those of his children and that what financial aid is given in the extended family tends to flow predominantly from the older generation to the younger, even when the older generation is of retirement age.

One of the questions Streib asked both parents and their children involved a forced choice between two sets of responsibilities that children might be expected to assume for their parents. Both groups were confronted with the statement: "Some people think that the major responsibility children have to their parents is financial; others feel that ties of affection are more important. How do you feel?" While 65 percent of the parents said that ties of affection were more important than financial help, only 35 percent of the children agreed with this alternative. Neither children nor parents felt that financial help was more important than affectional ties, but 65 percent of the children and only 35 percent of the parents felt that financial help and affectional ties were equally important. Streib feels that these contrasting responses indicate that, "... the maintenance of close affectional ties is of paramount importance to the older generation, and that they are unwilling to jeopardize these ties with their children by expecting financial assistance from them. The children, on the other hand, having broken some of their emotional ties with their parents, do not value so highly their affectional relationships with their parents, but maintain, however, a sense of filial responsibility which is manifested by equating affection and financial obligation."

William Knox,[7] another of Streib's former graduate students, further explored the relationship between the retired father and his adult children, concentrating on the perception of solidarity in this relationship. The sample consisted of 1,014 former employees of a large industrial rubber firm in Akron, Ohio, most of whom were over 65 years of age. This population was unrepresentative of the United States as a whole since it was overwhelmingly male and Caucasian, and overrepresented the Protestants and the native-born. The income level of the study population appeared somewhat higher than that of a national sample of individuals 65 years of age and over.

In the popular image, some elderly parents are depicted as lonely, isolated individuals, who, having dutifully raised their children, are deserted by them in old age. Their ingratitude for all of the help they have been given is further reflected in their unwillingness to furnish necessary assistance for the mounting needs which accompany aging. Knox demonstrated that for at least a restricted sample this image is an inaccurate one. Knox's data showed that the pattern of aid between the elderly parent and his children was much more mutual than the above stereotype implies, and that patterns of aid which existed were more likely to flow from the older to the younger generation than conversely. If anything, children were likely to feel that they should do more things for their parents than the parents thought the children should do for them. Considerably larger proportions of children than parents felt that they should provide a home for their elderly parents, care for them when ill, that they should furnish advice on business or money matters, and that they should offer financial help to their

parents. Almost all children--95 percent--felt that they should care for their elderly parent when ill; only 60 percent of the parents felt that children owed them this service. While 84 percent of all children felt that they should give financial help to parents in need, only 36 percent of the parents felt that their children owed them such help. Only 21 percent of the parents felt their children should provide a home for them if necessary; in contrast 64 percent of the children felt that they should provide a home for their parents when necessary. Both children and parents agreed that children should visit parents frequently, should write often, and should ask parents to visit often. These were only statements of intention of course. Comparing these intentions with the data on behavior patterns from the Streib study cited earlier it appears that children's behavior tends to come close to their intentions when financial help is not involved but is often not in accord with intentions when such help is required.

The great majority of older parents reported that they helped their children when they were ill and that their children in turn took care of them when they were ill. A minority of older people felt that they and their children exchanged valuable gifts in approximately the same ratio. With regard to financial help, however, and to the much less costly provision of advice on business and money matters, the parents felt that they provided such help to their children considerably more frequently than they received such help. While slightly over half of the parents felt that they provided both help and advice, only 25 percent felt that they received financial help from their children, and only 34 percent felt that they received advice concerning business or money matters. The proportion indicating that assistance was furnished by children to elderly parents was higher in this study than in Streib's. To explain these differences more precise information about the nature of the two samples would be required.

The question of the moral obligation of children to support their parents was raised in an intriguing pair of questions asked of these elderly parents. One question was designed to emphasize the parents' need, the other to emphasize the need of the children. In response to the question: "When children are trying to make their own way in the world, they should not have to help support the parents," 63 percent of the parents agreed and only 22 percent disagreed. The remaining 15 percent were undecided. A different pattern emerged, however, when confronted with the question: "When parents get older, their children should help support them." Twenty-eight percent of the parents disagreed with this statement, and 48 percent agreed. Twenty-four percent could not decide on an answer to this question. How the two generations will respond when actually confronted with such an important decision can only be conjectured. Whatever their response it will undoubtedly be influenced by many considerations, the most basic and important being: how can the older generation, whose productive capacity is waning, best be provided minimal comfort without disrupting the legitimate and urgent desire of the younger generation to strive for the best possible life for themselves and their own children.

Another study of the family relations of the aged was conducted by Irving Rosow of Western Reserve University, Cleveland, Ohio, who interviewed 1,200 citizens living in the Cleveland metropolitan area.[9] Rosow hypothesized that those aged having limited contact with children would show a compensating tendency to interact more frequently with neighbors than would those aged who had more contact with children. He found no such tendency. However, when he compared those aged with high role loss to those with low role loss (the measure of role loss was a compound of marital disruption and poor health) he found that among those with both high role loss and low contact with children there was such a compensating tendency. In other words, limited contact with children did not appear to drive the older person to interact more frequently with neighbors unless the older person had also experienced high

role loss. The combined effect of high role loss and low contact with children influenced contact with neighbors for those whose children lived locally but not for those whose children lived out of town.

Early Retirement

Theron J. Fields,[14] who worked at the New York State School of Industrial and Labor Relations at Cornell University under Project Director John McConnell, investigated the extent and frequency of early retirement and especially of employer-initiated early retirement. Questionnaires were sent to a national sample of 1,326 companies, 648 of which returned usable replies. This low response rate makes it uncertain that the sample was representative of all companies in the United States. Additional information was obtained from executives and early retirees of a small number of these firms.

The data indicated that 18 percent of all employees retiring with a pension plan between January 1, 1956 and mid-1962 retired early, 2 percent involuntarily. In other words, one out of nine of all early retirements was involuntary.

Fields' investigations convinced him that employer-initiated early retirement was practically nonexistent before 1956. But based on the frequency of its use during the six-year period of the study, he predicts that the prevalence of the practice will increase--90 percent of the firms studied which had early retirement plans used them and only 15 percent of these companies expressed dissatisfaction with them.

In eight companies studied in more detail, employer-initiated early retirement was used to reduce the size of the work force, and consequently labor costs, whenever eventful changes such as advanced technology rendered a proportion of the work force superfluous. Early retirement was also used to eliminate inefficient older workers. The management of these companies expressed the opinion that workers 55 years of age or older were less able, less flexible, and less valuable than younger employees. Many supervisors in these companies did not agree, but the opinion of management prevailed.

In all eight companies both managers and supervisors were satisfied with the results of employer-initiated early retirement. Supervisors were less satisfied than managers. Although they would admit that the early retirement option eliminated some of the most inefficient workers, the supervisors felt that some of the older workers were often their most valuable. Their unique skills and long experience were among the qualities cited most often by the supervisors. Management felt that the benefit to the company of eliminating the inefficient older workers overbalanced any negative consequences. The older worker was generally pleased with the early retirement option, and usually took advantage of it. Union officials, on the whole, supported it.

Management in these eight companies estimated that retirement supplements cost them $15,000 per retiree. The difference between this figure and the salary the company would have paid resulted in a net saving over and above the excess costs it would have sustained by continuing to carry the inefficient and bungling older worker. Companies felt early retirement to be an excellent way of reducing an unnecessarily large work force for another reason: this method uniquely enhanced rather than damaged its reputation as a good employer.

The Living Arrangements of the Elderly

In a study covering a somewhat later phase of the cycle of aging, Frances Carp[10] studied the change in adjustment of an aged low-income population just prior to and one year following admission to a public housing project in San Antonio, Texas, and contrasted this group with those whose applications for admission to the same housing project had been rejected. Her study, supported by a grant awarded to Trinity University of San Antonio, indicated that after one year of residence in the public housing project the aged in the sample had increased their general activity and especially

social interaction, had more friends and were happier than the year before, held more favorable attitudes toward their own health, and, in general, more favorably evaluated their accomplishments in life. The individuals who had not been accepted for residence in the public housing project characterized themselves as having changed in a negative direction in almost all of these respects.

The difficulty in interpreting the data from this study was that the two groups were not initially comparable due to the fact that housing authority personnel admitted to the project only those individuals they considered capable of harmoniously fitting into a close community life. Those who seemed alert, who displayed good grooming, who were clean, and who appeared likely to maintain proper housekeeping practices were selected. Individuals whose applications were rejected were those who appeared to the housing authority personnel to be bitter, complaining, dissatisfied, fault-finding, fussy, gloomy, irritable, moody and worrying. It is difficult to judge to what extent the favorable changes in the attitudes and behavior of those who moved into the project were due to the beneficial effects of life in such a housing project or were due to the general tendency for well-adjusted people to become even more so. The data do not permit a judgment as to which interpretation is correct, or whether the favorable changes are the result of the two.

A study of the factors leading to a decision to institutionalize aged family members was undertaken by Hiram Friedsam and Harry R. Dick[11] when they were both at North Texas State College in Denton, Texas. The sample studied consisted of 95 residents in two institutions for the aged in Dallas and 82 relatives of these residents. One institution was a home for the Jewish aged and the other was a Methodist home. As in the case of the studies cited earlier, this study failed to confirm the occasionally voiced indictment of family members of the aged as a heartless group unwilling to make sacrifices for their dependent older relative. The picture that clearly emerged from this study was one of relatives trying repeatedly to avoid the institutional arrangement, turning to it only as a last resort after finding that satisfactory alternative arrangements were either unavailable or partially or totally inadequate.

For 15 years preceding institutionalization changes of residence and living arrangements for the aged relative were made with increasing frequency. Such changes included actually moving in with or near relatives or friends. Most such shifts involved moving in with children, and the aged were more likely to move in with a daughter rather than with a son. At the time of institutionalization, two out of three of the relatives reported having tried--or at least considered--an alternative arrangement. Usually the arrangement immediately preceding admission to the institution was considered by all concerned to be an attempt that failed.

The decision to institutionalize was found by the researchers to have no single cause. When asked why they had begun to think about moving into a home, the aged indicated that they saw it as a solution to a need. The two major categories of expressed needs were: the need for alternative living arrangements and the need for health care or other special care. The dominant consideration in choosing the particular agency was its religious affiliation. After institutionalization, two out of three of the relatives of the residents reported that they would not behave differently if they had it to do over again; in fact, 14 of 23 polled said that in retrospect they would favor even earlier institutionalization. Only half had said they favored institutionalization when this question first came up.

The Helpless Aged

The problem of the aged population is most poignant among that segment whose advanced age, physical and mental infirmity, and social isolation make it impossible for them to manage their lives in any satisfactory form. The Benjamin Rose Institute[12] of Cleveland, Ohio, in a demonstration project currently being

supported by the Cooperative Research and Demonstration Grants Program scheduled for completion in 1967, has drawn upon long years of social service experience in developing a program of protective services which would genuinely meet the total needs of this helpless population. Such protective services include any medical, legal, financial, housing, counseling, or other services which the social caseworker judges to be required. The caseload of the caseworker has been reduced sufficiently to enable her to devote as much time to each case as she deems necessary.

The aim has been to set up, on a demonstration basis, the kind of protective services program that would ideally be established if adequate financial support and personnel could be obtained. Project Director Margaret Blenkner and her research associates asked 13 social service agencies in the metropolitan area of Cleveland to refer to the Benjamin Rose Institute any non-institutionalized Cleveland resident 60 years of age or older "...whose behavior indicates that he is mentally incapable of adequately caring for himself and his interests without serious consequences to himself or others, and [who] has no relative or other private individual able and willing to assume the kind and degree of support and supervision required to control the situation."

The Benjamin Rose Institute research staff randomly divided the 162 agency referrals into an experimental Service group of 75 individuals and a Control group of 87. On a continuing basis over a one-year period, the Service group is to be provided with social services maximally designed to aid the individuals in whatever problems they face. The Control group of 87 cases was sent back to the referring agencies with the request that they provide these helpless aged with whatever services they would ordinarily have furnished.

At the beginning of the experimental period the two groups were compared with respect to a number of indications of well-being. They were found to differ little from one another with respect to these measures. At the termination of the experimental period of one year, the two groups will again be compared on these characteristics, and any differences between them at that time will be taken as indications of the effectiveness of protective services. Seven different measures will be used to assess effectiveness. Two are considered by the research team to be of crucial significance in the evaluation of the experimental results. The most important measure--the simplest, and of unquestioned validity--is the measure of sheer survival. Will there be any difference in the survival rate of the two populations, the one benefiting from intensive protective services, and the other receiving only the minimal type of support that most metropolitan communities are able to furnish? The second important measure is that of contentment, a psychological measure indicating how the individual himself feels about his life and his prospects. Other measures are considered by the research team to be less significant or perhaps more dubious measures of effectiveness. These include the physical and mental functioning of the individual, the physical symptoms experienced by the subject which are indicative of disordered behavior or affect, and the degree of stress experienced by the closest friend or relative of the subject.

Final results in this Research Demonstration Project will not be available for eighteen months. At the present time, however, results are available contrasting the two groups of individuals at the beginning of the experimental period and at the six-month mid-point period of the experiment.

The findings reveal that despite the fact that the Service group was clearly demonstrated to have experienced more assistance, there are few and insubstantial differences between the Service and Control populations on any of the measures of effectiveness of protective services. The survival rate for the two groups is virtually identical. Although the contentment score for the Service group appears to be slightly higher, measures of physical functioning and symptoms show no differences. Six months, how-

ever, may be too short a time period in which to expect significant beneficial effects from a program of protective services. Certainly the final results of this demonstration program will be viewed with great interest and anticipation.

CONCLUDING INTERPRETATIONS

Research into problems of the older citizen supported by the Cooperative Research and Demonstration Grants Program constitutes only a small proportion of such research conducted and reported nationally in the past several years. It is beyond the scope of this paper to discuss how the findings from research supported by the Program mesh with other research findings. We can only highlight briefly what the Cooperative Research studies might suggest for those concerned with action programs that focus on the aging and aged.

The comments that follow represent some impressions concerning implications of the studies summarized. In view of the restricted, and sometimes unrepresentative samplings of the total populations in some of these studies, these comments must be regarded as tentative suggestions that need to be tested by further research.

The studies do indicate that the meaning of aging is contingent upon many circumstances and conditions unique to the individual concerned. The later years may be full, rich, and happy ones, or they may be years filled with despair or laden with anxiety. Retirement may approach as a long-awaited opportunity to redesign one's life along more congenial lines, or it may approach like doom.

The economic status and health status of the individual are perhaps the most significant variables determining the personal meaning of old age. The two characteristics tend to go together. For a high proportion of people even minor health problems result in diminished economic well-being. In some cases poor health can lead to abject poverty. Poverty, in turn, has its negative health consequences. The poor have fewer facilities available to them and receive less adequate health care. When the individual must cope with both unfavorable conditions the life situation usually cannot be much better than mildly satisfactory. More typically it can be expected to be troublesome and uncertain. It is a situation which tends to deteriorate with time and advancing age. Although the health of the elderly may improve momentarily or for short periods of time, the economic situation almost never does. The elderly, unlike the young, cannot dream realistically of a better future. They can hope, at best, to maintain economic parity.

Social arrangements are also important in that they contribute to the financial and health status of the elderly and in addition contribute more directly to life satisfaction. Warm, intimate social interactions, especially with one's children and with one's spouse, seem to be strong positive influences on life satisfaction, infrequent or unsatisfactory interactions with children and/or loss of spouse forces for maladjustment. While interaction with those other than spouse or children seems to promote good personal adjustment, the absence of such social interaction does not seem of itself to be inevitably associated with poor adjustment.

The individual's behavior prior to retirement and in anticipation of retirement has significance in his later life adjustment. Those who successfully plan ahead are most likely to find their retirement status satisfactory. What emerges from several studies, however, is clear evidence that planning ahead is not simply a matter of individual decision. It is also in good measure a function of ability to plan ahead and to convert speculative plans into actual concrete steps capable of influencing a future situation. Individuals whose incomes are inadequate while they are young cannot devote much effective attention to the future. Those who have at least moderate economic resources at a younger age seem to be the ones who are most disposed to make additional financial arrangements for their retirement. It appears also that failure to plan properly for the future is a function of inadequate knowledge concerning what can be done. When individuals are

provided with expert advice and counseling on the problems associated with advanced age, they appear eager to make use of such services and they do appear to benefit from them. While individual planning for retirement has its utility, we must recognize that in many ways effective planning for retirement requires resources beyond those of most individuals. The most effective plans appear to be those initiated and implemented by large social units, including government, industry, and labor.

The most challenging suggestion which emerges from these studies is that we are perhaps still far from understanding what we can do to aid the most helpless and isolated segment of the aged population. If the best currently available protective services are inadequate to assist the aged individual who has few intimate, personal resources, then to see where the deficiencies lie we must search more penetratingly the general social structure as well as the specific social organizations designed to provide such assistance.

A number of the studies summarized appear to indicate that the aged individual would prefer to meet his personal needs through his own resources. They also show that relatives feel not only a reciprocal personal tie to their older relatives but a responsibility toward their well-being. Relatives are reluctant to consider impersonal institutional arrangements for the care of the aged when personal, familial ones are feasible. These studies indicate, however, that wish and ability are often widely discrepant. In many cases the desire accords with the social and financial resources and the capabilities of the family of the aged. For this pattern to exist in all cases is a manifest impossibility. Some of the older and more helpless individuals have no families and some have family members who are equally burdened and handicapped. There are those whose surviving family members are emotionally and/or intellectually incompetent to provide support and guidance. There are those whose surviving relatives are themselves too old or too impoverished to assist. There is a large enough proportion of the aged who cannot count on familial responsibility that government and other social units must assume this task.

In seeking a point at which the levers of external aid may be most effectively applied, the family with some resources poses the most difficult ethical and economic problem. There are those aged whose adult children or other relatives could, with effort and sacrifice, produce the social and economic support necessary for their care. But they could only do so at the cost of failing to provide for their own occupational and financial advancement, or that of their children, with the further risk that they themselves, or their children, will in turn become a family or societal burden. Yet the deep sense of responsibility all Americans feel for their kin leads many of them to make the effort and sacrifice. Society may eventually lose more than it gains because of this familial altruism.

We must also recognize that the emotional problems of the elderly often require knowledge and ability beyond the scope of the average or even highly capable individual. Only specialists are able to deal with some of these problems. The family that attempts to solve an aged relative's emotional problems relying solely on its own resources is often doing the aged and even society a disservice.

The needy aged do often find themselves surrounded by a group of relatives, and even in-laws, who are concerned with their welfare and who act to assist whenever and however they can. We must question the assumption held by some people that wherever such relatives exist they are morally and legally obligated to furnish whatever financial and custodial help is required and are even expected to be a primary social resource for the needy aged. It would appear to be more realistic to recognize that not only have many relatives severed their emotional ties but that they have the right to do so. It cannot be assumed that one individual should always be willing to contribute to the well-being of another simply because there is a bond of kinship. To do so would be to demand a pattern of mutual assistance among relatives. Yet there

are some individuals who cannot even tolerate the relative they are called upon to help. It would also place disproportionate burdens on the individual who happens to be the only able and economically solvent wage-earner in a large family of dependent and needy individuals.

We must finally recognize that as medical science advances life expectancy not only are greater numbers of people reaching the age of 65, additional numbers are reaching still more advanced ages. Can we reasonably expect the retired elderly to support and care for still more elderly relatives? Those over 65 may find such aid to older relatives impossibly burdensome. As of May 3, 1966 there were 13,000 persons in the United States who were 100 years of age and older, and 1,075,000 persons 85 years of age and older.[13]

Even those of our population who are in their fifties may find it difficult to assist older, needy relatives. Their own income may often be declining. In general this age group must marshal economic resources for the years devoid of earned income which are rapidly approaching. Yet they may be faced with the responsibility for taking care of as many as four parents and perhaps anywhere from one to eight grandparents.

No one will deny that the problems of the country's 18.5 million senior citizens deserve attention. That our society must provide whatever services are needed by this elderly group is indisputable. As a consequence of this helping process, the burden on children and other relatives will be minimized. At the same time all care should be taken to avoid weakening or discouraging the ties with relatives which these studies have shown to be so important to the elderly.

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Closing the Gap in Social Work Manpower

A Summary of the Report of the Department of Health, Education, and Welfare Task Force on Social Work Education and Manpower

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In recognition of the increasing seriousness of the gap between the need for social work manpower and the availability of such manpower the Undersecretary of the Department of Health, Education, and Welfare, on January 17, 1963, established a task force of representatives from the constituent agencies of the Department. The Task Force on Social Work Education and Manpower was instructed to: (1) consider the nature and origins of the social work manpower problem, (2) examine current and proposed Departmental programs which involve the use of such manpower, (3) estimate the future manpower needs for these programs, and (4) identify actions needed to assure a sufficient supply of social work manpower to staff programs of concern to the Department.

The Task Force considered many aspects of the manpower problem, assembled and analyzed available relevant information and prepared the report, Closing the Gap in Social Work Manpower,† which was submitted in November 1965 and released in March 1966.

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†*Available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at 55 cents per copy.*

[1]*The report cites 73 pieces of legislation in the last decade which affect either the supply of or the demand for social workers.*

In summary, the Task Force found that:

Social change and new social demands create a manpower problem.

The current demand for social workers is, in part, a consequence of changes in the social environment. These changes--increased geographic mobility, industrialization and automation, for example--have increased pressures on the adaptive capacity of individuals and families. In large measure, however, the demand stems not from an increase in social problems but from the belief in equality of opportunity and a recognition that the knowledge and skills of social work are needed to realize the full potential of educational, health, occupational, social and community development programs.[1]

New legislation creating or expanding programs of social services has been enacted in each session of Congress in recent years, increasing the demand for trained personnel. Expansion of social welfare programs by State and local governments and private organizations has added to the demand.

Although data gaps limited efforts to identify precisely the present supply of or demand for social work manpower, the Task Force determined that there were probably more than 125,000 persons in

social work positions in public and private programs in 1963-64. It is estimated that more than half of all persons in social work positions were employed by State and local governments, and about one-third were employed in private programs. More than 12,000 unfilled vacancies were estimated, indicating a vacancy rate of about 10 percent. This vacancy rate understates current need. Demand created by implementation of recent social services legislation is only beginning to be reflected in budgeted, but vacant, social work positions.[2]

The manpower demand will increase sharply in the next five years.

Evidence assembled by the Task Force indicates a serious gap between the number of available social workers with graduate education and the number expected to be needed by 1970. Even with substantial reorganization of social welfare services and more effective utilization of available manpower,[3] a greatly increased supply of social work manpower must be developed during the latter half of the 1960's if a more serious situation in 1970 is to be avoided.

Present estimates by Departmental agencies indicate that 100,000 more graduates of schools of social work must be available to staff programs administered by State and local governments in 1970. This does not include social workers needed by other Federal, State and local government programs or by the voluntary social welfare field. Nor does it include any estimated requirements for social workers with a college degree and in-service training.

The extension of services in public welfare programs is a major source of expanding social work manpower needs. It is estimated that a total of 95,000 social workers will be required in 1970 to staff family service activities in State and local public welfare agencies--almost double the number currently employed. Of the total social workers needed, 31,500 should be graduates of schools of social work. Public child welfare services will need approximately 21,000 workers, an increase of more than 10,000 over current staff. To meet Children's Bureau standards of care, to staff every county with at least one full-time child welfare worker, and to maintain a caseload standard of not more than 60 cases per worker, all 10,000 staff additions must be graduate social workers, and approximately 7,000 of the present staff who now have less than two years of graduate social work education will need additional education. At least 11,000 additional social workers are estimated for Children's Bureau programs in delinquency prevention and control. More than 3,200 more social workers will be necessary to provide at least one specialist in social services to the aging in each State and county public welfare department. Work experience and job training projects operated by public welfare agencies will require another 2,000 workers. In summary, State and local public welfare agencies and delinquency control programs will need more than 62,000 additional graduate social workers by 1970. These estimates do not take into account the effect of the 1965 amendments to the Social Security Act, which are also expected to generate increased demand.

The Task Force, using as a guide a staffing standard of one school social worker for each 2,000 children expected to be enrolled in public schools in 1970, reports that at least 20,000 workers will be required--17,000 more than are currently employed. Additional school social workers will also be needed by private schools that now have a total enrollment of almost 8 million students.

It is estimated that by 1970 over 10,000 additional social workers will be needed in mental health establishments, 4,000 by new comprehensive community mental health centers being planned in most of the States.

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[2] *The Department has in process a national-sample establishment survey to study current employment and vacancy rates and expected future needs for social work manpower in public and private programs.*

[3] *Now underway in many sectors of the field as indicated by reports cited by the Task Force.*

Activities under "Medicare" and other legislation is expected to sharply increase the demand for social services in general hospitals, special hospitals, in extended care, outpatient and home-health-care programs.

Presently predictable supply will fall far short of demand.

It is anticipated that during the remainder of the 1960's the country's labor force will expand at a faster rate than the population. If past trends continue, an increasingly larger proportion of workers will have a college education. The U.S. Office of Education estimates that the number of bachelor's degrees awarded in 1970 will be 85 percent greater than in 1960.

Labor force and educational trends alone cannot, however, be expected to have any marked effect in closing the gap in social work manpower. During the school year 1963-64, over 460,000 bachelor's degrees were awarded. In November 1964, the 59 colleges and universities (in 32 States, Puerto Rico, and the District of Columbia) with accredited graduate schools of social work reported an enrollment of over 7,000 students in master's degree programs. In 1964, 2,815 persons received graduate degrees in social work. This is a ratio of one student in a graduate school of social work for every 67 persons receiving a bachelor's degree and one graduate social work degree for every 164 bachelor's degrees awarded.[4] Enrollment in schools of social work has increased at an annual rate of about 10 percent over the last decade. If this rate should continue, a little more than 12,000 students would be enrolled in 1970. If social work enrollment continues to be about 2-1/2 times the number of degrees awarded, we would expect about 4,800 graduate social work degrees to be awarded in 1970--substantially less than estimated requirements.

A study of career preferences of college seniors showed that less than 2 percent of graduating seniors gave social work as their expected career.[5] However, about 4 to 5 percent of each year's college graduates will need to enter social work to assure a supply of social workers close to the estimated need.

Graduate social work education must be expanded.

If schools of social work remain at present capacity, or even if they were to continue to expand at the recent rate of growth, they cannot begin to meet requirements of Departmental programs. Because a majority of existing schools have reached a saturation point in enrollment, many qualified applicants could not be admitted to schools of social work in September 1964 (and again in 1965).

The Task Force concluded that enrollment in existing schools of social work should be increased and new schools developed in those States and large metropolitan areas which now have none. (Eighteen States have no graduate school of social work.) Rapidly increasing the number of graduates and maintaining educational quality will require substantial financial support--for building additional facilities, for enlarging faculty, and for

[4] *Almost 50 percent of the women and over 70 percent of the men in schools of social work were over 25 years of age at the time they enrolled. It seems clear that educational careers are frequently interrupted before enrollment. About 85 percent of the full-time students presently enrolled in graduate schools of social work receive financial aid. It appears that the majority of students may delay entrance to graduate school until they are accepted for a student aid program.*

[5] *James A. Davis and Norman Bradburn, Great Aspirations, National Opinion Research Center, University of Chicago, Illinois, 1961.*

A follow-up study by Galen L. Gockel, "Silk Stockings and Blue Collars: Social Work as a Career Choice of America's 1961 College Graduates," National Opinion Research Center, University of Chicago, Report No. 114, April 1966, was completed after publication of the Task Force report. Dr. Gockel reports that of seniors in the sample who expressed a preference for social work, 18 percent entered schools of social work and another 31 percent entered social work employment within a year after graduation. *See page 18 of this issue for a review of this study which was partly supported under the Cooperative Research and Demonstration Grants Program of the Welfare Administration and Social Security Administration.*

substantially increasing scholarships and other types of student aid.

Social welfare tasks must be differentiated and several levels of education developed.

The Task Force recognized the need for study and experimentation in the delineation and assignment of social welfare tasks to reduce overexpectation of inadequately trained workers, on the one hand, and, on the other, to prevent underutilization of advanced competence.

Undergraduate education in social welfare should be expanded and improved to provide more effective preparation, for direct entry both into employment and into graduate school. Demand for bachelor-level workers indicates an annual need for at least 20 times the present 983 graduates with a major in social welfare. Steps should be taken immediately to identify and structure the sequence of courses which will supply basic knowledge to prepare students either for graduate education or for an organized system of inservice training in a practice setting. Better and more uniform standards for undergraduate programs, development of better teaching materials and curriculum guides would substantially increase the effectiveness of undergraduate programs, as preparation both for immediate employment and for graduate social work study.

Identifying a variety of ancillary and technical services that can be performed by graduates of inservice, high school or community college training programs would not only extend the effectiveness of the social worker but would provide meaningful jobs within their level of competence to persons now in a relatively low-demand segment of the labor market.

Substantial support from Federal sources[6] is now available for the development of vocational education in high schools, community colleges, and adult education programs. These resources need to be more extensively used in the preparation of technical and ancillary service personnel.

Expansion of social work education in doctoral and post-doctoral programs is needed to meet increased demands for social work faculty and for sophisticated research and social planning skills.

Personnel recruitment and retention should be increased at all levels.

If programs are to be adequately staffed, recruitment for all levels of jobs needs to be increased. The proportion of college students electing social work, either for graduate education or immediate employment, should be more than doubled. Increased student aid and forgiveness of indebtedness for educational loans would undoubtedly prove effective incentives but should be supported by an information program to increase the emphasis on social work as a career choice.

Retention of social workers would be facilitated by improvements in salaries, career opportunities and working conditions, thus increasing the manpower supply and the return on education and training investments. The Task Force concluded that: "Until the economic status of social work is brought into balance with the extensive requirements in education and heavy responsibilities in practice there will be a continuous problem of recruitment and a steady overflow from social work agency staffs to other more lucrative fields."

If recruitment and retention problems are to be reduced and the field of social work expanded to supply presently identified need, recognition of the diversity of skills and responsibility within the field is needed. Basic knowledge and skills taught in undergraduate sequences which meet consistent and appropriate educational standards would help bring recognition of the importance of undergraduate education as preparation for a basic social work job and as a primary step in social

[6] *Under provisions of the Vocational Education Act of 1963, the Manpower Development and Training Act of 1963 and the Economic Opportunity Act of 1964.*

work education. If graduate schools could be relieved of the necessity of spending time teaching basic knowledge and skill, they could both increase the intellectual content of graduate programs and develop more sophisticated practice skills. Recognition by peers and advanced professionals of the essential role of the college-graduate worker would help establish this level as an entry to the social work career ladder. Financial rewards consonant with the knowledge and skills acquired in graduate schools of social work would give incentives to workers to continue educational careers.

Research to provide more and better information is the most critical need.

A major finding of the Task Force is the need for a substantial increase in research and for a continuing data collection system to provide more and better information for decisions on all aspects of programs to prevent social problems and to meet social and economic needs.

Research in many different areas can help close the gap between manpower needs and available supply. Research leading to new approaches to meeting human needs and preventing the emergence of social problems would affect both the number and the types of personnel required. Research which improves methods of administration and practice will result in more effective use of personnel. If needs for professional personnel are to be brought within obtainable goals, programs must be structured to meet social and economic needs in new ways which do not depend as heavily on individualized social work services as do present programs. Research yielding information for improving selection, placement and retention of personnel, for increasing the frequency of choice of social work as a career, and for developing effective innovations in personnel use would extend the effectiveness of the social work manpower pool.

The Task Force concluded:

"Planning for the development of social work manpower requires accurate, comprehensive information on current supply, distribution and utilization of personnel, and on factors--social and economic--on which projections of future supply and demand can be based. Such data need to be available on a continuing basis. The Federal Government may well be the agency to assume responsibility for this task of gathering statistics on the incidence of social problems and on social work manpower, analyzing them and making them available to organizations in the field, inasmuch as (1) they are national in scope; (2) they are necessary for development of national policy; (3) the subject matter cuts across the activities of many fields; and (4) there is a pervasive demand for this data."

Silk Stockings and Blue Collars: Social Work as a Career Choice of America's 1961 College Graduates.

What proportion of college seniors plan careers in social work? How do they differ from college seniors who plan careers in other fields? What are the actual educational and occupational choices made by these college seniors after college graduation? These are some of the questions examined in a research project supported under the Cooperative Research and Demonstration Grants Program of the Welfare Administration. The final report of the study, prepared by Galen L. Gockel of the National Opinion Research Center, University of Chicago, is based on data obtained in national sample surveys of college seniors who were graduated in June 1961.

The sample of college seniors was designed to represent June 1961 graduates from the largest bachelor degree granting colleges and universities in the United States. The weighted sample consisted of 56,664 seniors. Each senior in the sample was asked to complete a 19-page self-administered questionnaire which sought answers relating to personal and social characteristics, family background, attitudes toward education and careers, and career plans and expectations. Additional information was obtained by means of follow-up studies, conducted by mail questionnaire, in the spring of 1962 and 1963.

The first four chapters of the report compare the characteristics of college seniors who reported social work as their career choice with the characteristics of other college seniors and analyzes the factors associated with reported changes in career orientation.

Of all college seniors reporting on their career orientation, 1.8 percent chose social work.[1] About 3 out of 4 were women. Gockel estimates that in June 1961 about 4,700 college seniors were oriented toward social work as a career.

As indicated by income, the families of seniors choosing social work as a career were, "...at least as well off as the families of other students and...moderately more affluent than those of education students." But the proportion of seniors oriented to social work who came from comparatively high income families--with incomes of $15,000 per year or more--was substantially greater for women than for men. About three times as many of the women as the men were from such families. In this respect, the economic background of men who reported social work as their career orientation resembled that of men who reported education.

Responses to questions pertaining to values they held showed that most seniors selecting social work assigned importance to "opportunity to work with people rather than things" and "opportunity to be helpful to others or useful to society." For instance, 83 percent of all those choosing social work as a career placed importance on the opportunity to work with people compared with about 60 percent of those who chose social sciences, 70 percent education, and 45 percent other career orientations.

Gockel presents data indicating that, "...relatively few seniors planning a career in social work exhibit an orientation

[1] *Orientation toward career was determined by the student's response to the item: "Please give what you expect to be your long-run career and ignore any school, stop-gap job, or temporary military service which might precede it."*

toward intellectual occupational values." For instance, the proportion of students oriented toward social work who chose intellectually oriented values was only about half that among students oriented toward social science as a career. Compared to their peers who did not plan careers in the field, those oriented to social work, Gockel points out, "place unusually high value on jobs or careers which give them an opportunity to be of service; they are relatively uninterested in jobs which contain an intellectual component; and they are relatively uninterested in monetary rewards and the opportunity to operate independently on the job."

As an indicator of academic ability, an "Academic Performance Index" (API) was constructed, using self-reported grade point average standardized for the quality of the undergraduate college. About 7 percent of men oriented to social work, compared with about 25 percent of those oriented to social science, scored "high" on the API; comparable figures for women were 17 and 36 percent, respectively. Viewed along with other information on academic honors, Gockel concludes that seniors choosing fields other than social work, "...display greater evidence of achievement than do seniors planning careers in social work and education."

The surveys obtained information on career orientation when the student entered college and at the time of follow-up surveys in the spring of 1962 and 1963. Responses were used to analyze shifts in career orientation during college and after graduation.

About two-thirds of the seniors who reported that they had had a career orientation to social work when they were freshmen reported an orientation to some other field as seniors. If this change in reported orientation during college is viewed as "defection" from the field, then social work had a rate of defection higher than most other fields. However, this defection was more than compensated for by the "recruits" during college--students who reported a change from some other field as freshmen to that of social work as seniors.

During the first year following graduation, about 41 percent of those with a social work orientation as seniors had changed their career orientation. On balance, Gockel characterizes social work as a field with high loss, high gain, and a small net loss in the post-baccalaureate year. During the second year after graduation, an additional 23 percent of those with an orientation toward social work as seniors shifted to some other orientation. But these changes were more than offset by changes to a social work orientation. Gockel concludes that, "The rate of recruitment into the field remained stable; during the first post-baccalaureate year, 0.61 percent of those who had selected other fields as seniors shifted into social work by the end of their first year out of school, while the comparable figure for the second year was 0.56 percent."

Among those reporting a social work orientation two years after college graduation, about two-thirds had first selected the field during college or earlier, the remainder at some time during the two years following graduation.

Projecting these data to national levels for the early 1960's, Gockel estimates that about 1.8 percent (4,700) of the 265,000 college graduates of June 1961 viewed social work as their eventual career field. This percentage was about the same two years after graduation.

In examining the factors associated with change of career orientation, Gockel concludes that there was a general consistency in the associations over the period reported by graduating seniors. For example, those who changed their orientation to that of social work viewed an opportunity to help others and an opportunity to work with people as important job characteristics; they did not assign importance to job characteristics such as freedom from supervision, chance to exercise leadership, opportunities to be original and creative, working with ideas, or making a lot of money. Gockel reports that students with high scores on the "Academic Performance Index" had lower rates of recruitment than did students low or medium on the API and that, "High family status and high API combine to dissuade students from switching into social work during their college days." During col-

lege, about 1 in 4 recruits to social work were from the field of education, and 1 in 8 from one of the social science fields.

In summarizing the factors related to post-baccalaureate "loyalty," or to a consistent orientation to social work after graduation, Gockel suggests that, "The field could have grown by a sizeable amount by cutting its losses, that is, by increasing the loyalty of those who had already been recruited to the field. The impact of early career choice suggests that a substantial increase in social work manpower could be effected by increasing the number of freshmen oriented to social work and by sustaining their allegiance to the field during the college years."

The final chapter of the report focuses on the chief activity one year after graduation of those who reported a career orientation to social work as college seniors. By the spring of 1962, about 18 percent had enrolled in graduate social work education. Another 36 percent were working in social work. The remainder--almost half of the seniors oriented to social work--were neither in graduate schools of social work nor employed in the field a year after leaving college.

Those who had enrolled in graduate school to study social work differed from those who did not in three respects: those who had viewed social work as their eventual career as far back as their freshman year were twice as likely to begin graduate study as those who were recruited to the field after the freshman year; those who were higher on the Academic Performance Index were three times as likely as those who scored lower; and those who remained single during the first year were more likely than others to have enrolled in graduate school. Gockel points out that graduate training, rather than employment in social work, accounted for the involvement in social work of seniors who had a high or medium Academic Performance Index.

As judged by the income of the seniors' families, men from comparatively low-income families were much more likely to be employed in social work jobs or enrolled in graduate schools of social work than those from higher income families. For example, about 7 out of 10 of the men from families whose incomes were less than $7,500 per year were involved--either studying or working in social work--compared with only 36 percent of those from families whose incomes were $7,500 or more. Gockel suggests that, "If the men come from higher status families, employment in social work without graduate training is certain to result in lower status and a more modest style of life than that to which they have been exposed in their parental families." He also suggests that enrollment in graduate school is the major means by which a male from a higher status family and oriented to social work can attempt to assure himself of an adequate financial and status return.

There were sharp differences between men and women in the degree to which their orientation to social work during college was related to their chief activity after college. For men, involvement in social work after graduation was not related to whether they had remained "loyal" to the field throughout college, but for the women, twice as many of the "loyalist" as others were involved in social work after graduation. Gockel suggests that, "...for men oriented toward social work, an aspiration to leadership roles apparently leads to graduate study in the field."

A comparison of income and sex in relation to enrollment in graduate schools of social work showed that men from lower economic origins displayed comparatively high rates of enrollment in graduate school, whereas women from high income groups were positively associated with graduate study in social work.

Gockel also notes a particularly high rate of employment in social work jobs among those who ranked low on the API and who were "only" children--those without

siblings. He suggests that for such students with low academic ability enrollment in graduate school is virtually eliminated as an alternative. Further, the work of Stanley Schachter[2] suggests that adults who are only children display a greater "affiliative tendency," or desire to seek the company of others.

In general, college seniors reporting a choice of social work as a career comprise a largely female group of students, have many of the characteristics of seniors choosing education as a career, rank relatively low on a measure of academic performance, and assign importance to jobs characterized by a strong service-to-people element. During their college years, a large number of students changed their career orientation, with the result that there was a net increase over the four-year college period in the number of students oriented to social work as a career and little net change in the size of this group during the first two post-baccalaureate years. About half of those with a social work career orientation as seniors were involved in social work in the spring following graduation--either employed in the field or enrolled in graduate schools of social work.

The data are consistent with the suggestion that the social work career patterns of men and women differ considerably. For instance, the negative association between high socioeconomic status and social work career orientation characteristic of men did not hold for women. It may be, for example, that many women view social work as a socially acceptable but short-term activity between college and marriage, whereas men are more likely to enter the field committed to a lifetime career.

[2] *Project Report p. 78.*

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*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

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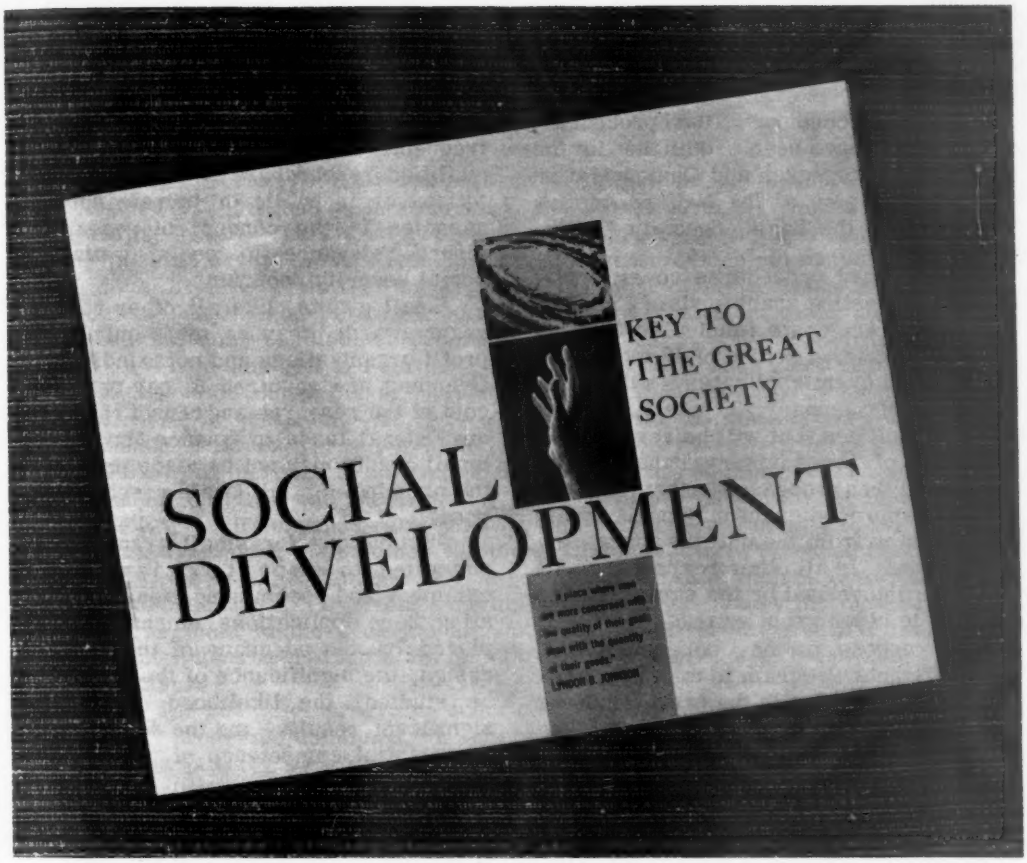

This latest Chart Book published by the Division of Research of the Welfare Administration contains 56 charts and 49 tables of supportive data. With an analytical introduction by Ellen Winston, U.S. Commissioner of Welfare, and a popularly written interpretive text, the Chart Book illustrates the lag between economic growth and social development and dramatizes the human consequences of this lag.

The charts, data and text support the case for the development of social welfare programs which do not merely patch up the casualties of a rapidly changing society but that also enrich the quality of life for all.

Its underlying theme is expressed in the introduction by Dr. Winston: "Social welfare should be concerned with the distribution of services to all population groups, services that both prevent and remedy social problems. An affluent society needs and can afford collective social welfare programs which benefit large segments, or even its total population, by improving the opportunities for happiness and self-development and for full participation in the mainstream of activity.

"Social welfare activities can support social change so that, along with economic progress, there will be commensurate progress in needed services to people wherever they may live."

The Chart Book is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 at 55 cents per copy. Single copy available on request to Division of Research, Welfare Administration, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Small Grants Under the Cooperative Research and Demonstration Grants Program

Special procedures for processing small grants have been established for the Cooperative Research and Demonstration Grants Programs of the Welfare Administration and the Social Security Administration.

The revised procedures cover applications requesting grant funds of $5,000 or less for direct costs (plus allowable indirect costs) for a period of 12 months or less. Small grant applications will not be subject to the January 15, June 1, and October 1 deadlines, but will be reviewed by members of the Advisory Panel as received and then processed so that research under an approved grant may begin within three months from the date the application is received. In all other respects, small grants are governed by the same policies applying to other grant awards.

The purpose of the Cooperative Research Grants Program is to support research concerned with the prevention and reduction of economic dependency; the organization, coordination, and administration of social welfare and social security programs; and on other questions related to the provision of medical and social service programs authorized by the Social Security Act.

The small grants approach explicitly recognizes that valuable research can be conducted on a comparatively small scale--to analyze data from studies which may have been conducted for other purposes but which may have important implications for social welfare or social security; to exploit an unexpected research opportunity; or to support a number of related research projects under the supervision of a senior staff member.

Small grants are not intended to support training of research personnel. However, grant funds can be used--as they frequently are at present--to support qualified researchers in academic institutions or in public or private nonprofit agencies in the conduct of research of direct relevance to social welfare or social security programs.

Small grants, like all other research grant awards, may be made only to nonprofit organizations and not to individuals. Grantees are required to pay part of the cost of the research and cannot rely solely on Federal funds to finance the project. Small grants may not be made merely for the planning of a full-scale research proposal.

Applications for small grants will be submitted to expert reviewers for comment and recommendation. In evaluating these applications, emphasis will be placed on the adequacy of the research design, the significance of the problem to be studied, the likelihood of obtaining significant results, and the demonstrated or potential competence of the principal investigator.

It is hoped that the small grants approach will not only produce valuable research results on significant and important problems, but also that it will stimulate and enable an increasing number of researchers to become involved in research on some of the major issues in the fields of social welfare and social security.

Additional information on the Cooperative Research and Demonstration Grants Program may be obtained by writing to: Chief, Research Grants Branch, Division of Research, Office of the Commissioner, Welfare Administration, U.S. Department of Health, Education, and Welfare, 330 Independence Avenue, S.W., Washington, D.C. 20201

DISCRIMINATION PROHIBITED--Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." Therefore, the Cooperative Research and Demonstration Grants Program of the Welfare Administration, like every program or activity receiving financial assistance from the U.S. Department of Health, Education, and Welfare, must be operated in compliance with this law.

Program and Operating Statistics

PUBLIC ASSISTANCE IN FEBRUARY 1966

In February, public assistance recipients in the United States totaled 8.3 million, an increase of 73,000 or 0.9 percent from the preceding month. This total recipient count covers all public assistance programs except the new federally aided program of medical assistance which became effective January 1, 1966; most of the individuals receiving medical assistance also receive a money payment under one of the other public assistance programs.

From January to February, the numbers of persons aided rose in all programs except old-age assistance and aid to the blind. The largest increase in recipients--62,600--occurred in aid to families with dependent children, for which 46 States reported increases. A large part of the total increase in number of recipients of aid to families with dependent children was accounted for by the unemployed-parent segment, which typically expands rapidly in the winter months and contracts substantially during the summer. In the 20 States that have extended their programs of aid to families with dependent children to include families in need because of a parent's unemployment, the February increase in this segment of the program amounted to 26,000 or 42 percent of the national total increase in recipients of aid to families with dependent children.

For the other programs contributing to the increase in recipients for all programs combined, the numbers aided were larger in February than in January by 7,900 for medical assistance for the aged, 4,400 for aid to the permanently and totally disabled, and 2,800 for general assistance. For medical assistance programs under title XIX, the number of individuals for whom medical vendor payments were made during the month increased by 13,900 in February.

The February decrease of 5,000 in the number of old-age assistance recipients reflected reductions in about four-fifths of the States. The total number of recipients of aid to the blind was only slightly smaller in February than in January, but nearly two-thirds of the States reported decreases.

Total assistance payments were higher in February than in January except for aid to the blind and vendor payments for medical assistance under title XIX. These latter programs were also the only ones for which the average payment per recipient was lower in February. The largest increases in total payments occurred in aid to families with dependent children ($2.8 million) and medical assistance for the aged ($2.6 million). For the federally aided categorical programs providing maintenance assistance, the average money payment per recipient was about the same as in January for aid to families with dependent children, for old-age assistance, and for aid to the permanently and totally disabled, but decreased 29 cents for aid to the blind.

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[1] *Data for specified types of assistance under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged are classified with data for separate State programs for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or medical assistance for the aged.*

Table 1. Number of recipients of public assistance in the United States, by month, February 1965-February 1966 1/

(Except for general assistance, includes cases receiving only vendor payments for medical care)

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			Medical assistance 4/	General assistance 5/	
					Families	Total recipients 3/	Children		Cases	Recipients
	Number of recipients									
1965										
February....	2,150,290	228,078	95,834	534,276	1,056,145	4,424,029	3,311,726	---	353,000	801,000
March.....	2,151,542	244,551	96,194	540,394	1,073,033	4,491,840	3,360,553	---	359,000	809,000
April.....	2,152,250	257,368	95,524	545,287	1,076,063	4,505,878	3,374,921	---	345,000	760,000
May.....	2,150,606	258,839	95,503	549,895	1,069,668	4,469,527	3,352,294	---	325,000	689,000
June.....	2,149,220	267,996	95,350	555,594	1,062,802	4,429,038	3,325,987	---	318,000	664,000
July.....	2,144,949	265,664	95,170	559,285	1,052,525	4,377,100	3,291,501	---	306,000	643,000
August.....	2,144,534	266,274	95,135	563,111	1,053,894	4,388,155	3,296,511	---	315,000	665,000
September...	2,140,172	275,483	6/ 86,082	565,588	1,053,409	4,378,513	3,295,589	---	305,000	649,000
October.....	2,126,058	271,359	6/ 85,964	567,148	1,052,100	4,369,875	3,293,039	---	298,000	631,000
November....	2,129,103	277,953	6/ 86,129	571,147	1,056,521	4,393,067	3,311,929	---	300,000	641,000
December....	2,127,179	279,345	6/ 86,079	575,245	1,069,316	4,456,995	3,358,112	---	310,000	677,000
1966										
January.....	2,110,358	250,145	6/ 85,578	574,011	1,077,590	4,497,223	3,386,885	7/ 362,213	319,000	715,000
February....	2,105,343	258,090	6/ 85,524	578,374	1,091,605	4,559,838	3,432,747	7/ 376,159	320,000	718,000
	Percentage change from previous month									
1965										
February....	-0.2	+0.2	-0.3	-0.1	+0.9	+1.2	+1.1	---	+0.1	-0.9
March.....	+.1	+7.2	+.4	+1.1	+1.6	+1.5	+1.5	---	+1.9	+1.0
April.....	(8/)	+5.2	-.7	+.9	+.3	+.3	+.4	---	-3.8	-6.1
May.....	-.1	+.6	(9/)	+.8	-.6	-.8	-.7	---	-5.8	-9.3
June.....	-.1	+3.5	-.2	+1.0	-.6	-.9	-.8	---	-2.4	-3.6
July.....	-.2	-.9	-.2	+.7	-1.0	-1.2	-1.0	---	-3.6	-3.2
August.....	(9/)	+.2	(9/)	+.7	+.1	+.3	+.2	---	+2.7	+3.4
September...	-.2	+3.5	(10/)	+.4	(9/)	-.2	(9/)	---	-3.1	-2.4
October.....	-.7	-1.5	-.1	+.3	-.1	-.2	-.1	---	-2.2	-2.8
November....	+.1	+2.4	+.2	+.7	+.4	+.5	+.6	---	+.6	+1.6
December....	-.1	+.5	-.1	+.7	+1.2	+1.5	+1.4	---	+3.4	+5.7
1966										
January.....	-.8	-10.5	-.6	-.2	+.8	+.9	+.9	---	+2.7	+5.6
February....	-.2	+3.2	-.1	+.8	+1.3	+1.4	+1.4	+3.8	+.4	+.4

1/ All data subject to revision. 2/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 4/ Program initiated January 1966 under Public Law 89-97. 5/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Does not include data for Puerto Rico. 8/ Increase of less than 0.05 percent. 9/ Decrease of less than 0.05 percent. 10/ Not computed; base not comparable.

Table 2. Amount of public assistance payments in the United States, by month, February 1965-February 1966 1/

data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Does not include data for Puerto Rico. 8/ Increase of less than 0.05 percent. 9/ Decrease of less than 0.05 percent. 10/ Not computed; base not comparable.

Table 2. Amount of public assistance payments in the United States, by month, February 1965-February 1966 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	Medical assistance 4/	General assistance 5/
	Amount of assistance							
1965								
February....	$446,520,000	$170,189,513	$42,535,323	$8,267,896	$43,302,081	$148,891,335	---	$23,452,000
March.....	460,853,000	172,509,810	45,590,162	8,372,511	45,391,949	154,259,544	---	24,327,000
April.....	466,259,000	173,958,876	49,840,447	8,315,290	45,629,477	154,713,449	---	23,263,000
May.....	458,019,000	171,419,966	49,438,614	8,263,025	45,913,627	152,033,192	---	21,312,000
June.....	459,850,000	172,862,075	50,852,533	8,392,761	47,063,386	149,814,741	---	20,789,000
July.....	454,598,000	171,599,365	49,228,830	8,283,765	46,671,830	148,815,802	---	20,183,000
August.....	459,086,000	171,834,044	50,340,882	8,282,226	48,162,429	150,496,685	---	20,239,000
September...	462,769,000	170,395,643	51,970,270	6/ 7,752,563	47,886,157	154,976,542	---	20,755,000
October.....	456,769,000	168,348,580	50,000,447	6/ 7,783,847	49,013,402	152,707,158	---	19,979,000
November....	465,404,000	171,401,898	52,144,916	6/ 7,792,463	49,514,526	154,211,471	---	20,374,000
December....	470,392,000	169,894,893	53,000,303	6/ 8,018,131	50,201,794	158,356,820	---	21,397,000
1966								
January.....	474,513,000	165,474,928	45,166,935	6/ 7,878,108	48,402,876	157,336,216	$20,450,201	21,702,000
February....	480,289,000	165,677,075	47,733,515	6/ 7,739,703	48,934,769	160,123,144	7/ 19,634,762	22,081,000
	Percentage change from previous month							
1965								
February....	+1.0	+0.6	-3.0	-0.1	+1.9	+2.2	---	+1.0
March.....	+3.2	+1.4	+7.2	+1.3	+4.8	+3.6	---	+3.7
April.....	+1.2	+.8	+9.3	-.7	+.5	+.3	---	-4.4
May.....	-1.8	-1.5	-.8	-.6	+.6	-1.7	---	-8.4
June.....	+.4	+.8	+2.9	+1.6	+2.5	-1.5	---	-2.5
July.....	-1.1	-.7	-3.2	-1.3	-.8	-.7	---	-2.9
August.....	+1.0	+.1	+2.3	(8/)	+3.2	+1.1	---	+.3
September...	+.8	-.8	+3.2	(9/)	-.6	+3.0	---	+2.6
October.....	-1.3	-1.2	-3.8	+.4	+2.4	-1.5	---	-3.7
November....	+1.9	+1.8	+4.3	+.1	+1.0	+1.0	---	+2.0
December....	+1.1	-.9	+1.6	+2.9	+1.4	+2.7	---	+5.0
1966								
January.....	+.9	-2.6	-14.8	-1.7	-3.6	-.6	---	+1.4
February....	+1.2	+.1	+5.7	-1.8	+1.1	+1.8	-4.0	+1.7

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Program initiated January 1966 under Public Law 89-97. 5/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Data not reported by Puerto Rico. 8/ Decrease of less than 0.05 percent. 9/ Not computed; base not comparable.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, February 1966 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1966 in--		February 1965 in--	
				Number	Amount	Number	Amount
Total 2/....	2,105,343	$165,677,075	$78.69	-0.2	+0.1	-2.1	-2.7
Ala.....	111,756	7,937,852	71.03	(3/)	-1.4	+.2	+4.9
Alaska 4/.....	1,376	5/ 127,989	93.02	-.4	-.4	+.6	+1.8
Ariz.....	13,307	832,874	62.59	-.3	-.4	+.9	-.3
Ark.....	60,082	3,892,641	64.79	(6/)	+.6	+2.0	+6.0
Calif.....	277,237	30,209,699	108.97	-.5	-.4	+1.7	-.5
Colo. 2/.....	42,476	4,162,194	97.99	-.4	+1.5	-2.8	-.8
Conn.....	5,939	533,899	89.90	-1.5	+10.7	-14.9	-5.3
Del.....	1,499	103,319	68.93	+1.1	-2.2	+6.5	-3.8
Dist. of Col.....	2,308	217,614	94.29	-.3	+10.8	-1.7	+5.4
Fla. 4/.....	75,536	4,925,348	65.21	+1.3	+1.2	+3.0	+1.3
Ga.....	93,051	5,564,715	59.80	+.1	+2.9	+1.1	+5.9
Guam 7/.....	183	9,845	53.80	---	---	---	---
Hawaii 4/.....	1,343	96,926	72.17	+.9	-3.7	+13.5	+11.3
Idaho.....	3,876	286,744	73.98	-1.1	-5.1	-11.7	-11.2
Ill. 4/.....	44,992	2,457,997	54.63	+.8	-1.9	-19.9	-53.3
Ind.....	21,557	1,990,665	92.34	-.2	-.4	-5.2	+5.1
Iowa.....	26,495	2,551,487	96.30	+.5	+2.0	-3.4	-.5
Kans. 4/.....	20,136	1,882,610	93.49	-.5	+.7	-7.8	-5.4
Ky. 4/.....	59,011	3,729,605	63.20	-.5	+.3	+.8	-1.6
La.....	130,527	10,819,392	82.89	-.3	-2.0	-.2	-2.8
Maine 4/.....	10,757	927,042	86.18	+.1	-.4	-1.7	+2.6
Md. 4/.....	10,231	953,809	93.23	-.9	(3/)	+3.4	+31.3
Mass.....	50,162	4,645,625	92.61	-.8	-1.3	-4.4	-1.3
Mich.....	41,320	3,597,110	87.05	-.7	-6.0	-15.8	-25.1
Minn.....	32,828	1,755,301	53.47	+.5	-.2	+2.1	-34.8
Miss.....	73,134	2,988,558	40.86	(6/)	-.4	+.1	+4.1
Mo.....	99,339	7,505,745	75.56	-.2	+1.5	-2.6	+10.1
Mont.....	4,151	348,663	83.99	-1.0	-2.7	-20.8	-7.6
Nebr. 4/.....	10,484	931,560	88.86	-.9	-3.2	-16.2	-19.7
Nev.....	2,328	196,492	84.40	-.4	+5.5	-11.3	-16.5
N. H.....	4,234	469,228	110.82	-1.2	-.1	-3.7	+4.8
N. J.....	13,989	1,244,377	88.95	-.1	-.6	+1.1	+3.7
N. Mex. 4/.....	9,859	863,471	87.58	-.7	-.8	-4.7	+4.5
N. Y. 4/.....	57,446	5,552,995	96.66	+1.2	+.3	+2.7	+8.0
N. C.....	41,980	2,843,538	67.74	-.2	+.1	-1.6	+10.8
N. Dak. 4/.....	4,996	381,168	76.29	+.2	+17.6	-3.2	-28.7
Ohio.....	79,216	7,319,990	92.41	-1.0	-1.7	-3.9	+2.6
Okla. 4/.....	80,686	6,071,235	75.25	-1.3	-2.9	-2.5	-23.9
Oreg.....	9,578	712,953	74.44	-.6	+1.9	-6.9	-3.1
Pa.....	43,572	3,018,291	69.27	-.3	-.1	-5.3	-16.9
P. R. 4/.....	27,943	240,105	8.59	-1.1	-1.1	-8.8	-17.6
R. I. 4/.....	5,431	529,052	97.41	-1.0	-1.5	-7.8	-5.3
S. C.....	24,281	1,345,977	55.43	-.8	-.9	-4.9	+1.1
S. Dak.....	6,264	563,164	89.90	-1.0	-2.1	-11.9	-6.8
Tenn.....	44,495	2,722,732	61.19	-.3	+.6	-.6	+5.7
Tex.....	227,979	17,185,588	75.38	-.2	+1.9	-1.0	+6.4
Utah.....	4,469	315,762	70.66	-.6	+2.5	-7.4	-4.6
Vt. 4/.....	5,196	490,667	94.43	-.7	+3.2	-3.9	+7.2
V. I.....	431	17,482	40.56	-.5	-.2	-2.9	-3.8
Va.....	12,843	896,206	69.78	-.4	+.5	-2.9	+5.6
Wash.....	29,932	2,378,869	79.48	-1.2	+3.2	-8.4	-9.5
W. Va.....	13,504	760,730	56.33	-1.0	-1.0	-4.2	+8.1
Wisc.....	27,254	3,362,313	123.37	+1.0	+12.2	-4.6	+5.3
Wyo.....	2,344	207,862	88.68	-1.0	-1.6	-4.2	-6.1

1/ All data subject to revision. 2/ Includes 3,771 recipients aged 60-64 in Colorado and payments of $326,183 to these recipients. Such payments were made without Federal participation. 3/ Increase of less than 0.05 percent. 4/ Represents aid to the aged, under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 5/ In addition, supplemental payments from general assistance funds were made to recipients. 6/ Decrease of less than 0.05 percent. 7/ Data for December; February data not received.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, February 1966 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from--			
		Total amount	Average	January 1966 in--		February 1965 in--	
				Number	Amount	Number	Amount
Total.....	258,090	$47,733,515	$184.95	+3.2	+5.7	+13.2	+12.2
Ala.....	256	81,877	319.83	+5.3	+1.0	+4.5	+15.6
Ark.....	3,103	226,827	73.10	+2.5	+16.5	+5.6	+40.5
Calif.....	36,995	11,312,425	305.78	-2.3	+1.6	+30.0	+37.4
Colo.....	8,714	3/ 1,184,781	135.96	+54.1	+10.9	+85.6	+38.1
Conn.....	8,679	3/ 1,496,228	172.40	+11.8	+5.0	+34.0	+17.0
Del.....	150	8,610	57.40	-15.7	-56.9	(4/)	(4/)
Dist. of Col.....	519	128,610	247.80	-34.1	-60.9	+32.1	+4.3
Fla. 5/.....	1,031	355,268	344.59	+30.0	+33.7	+49.9	+49.0
Guam 6/.....	29	1,626	(4/)	---	---	---	---
Idaho.....	2,643	398,873	150.92	-1.9	+1.3	+21.6	+20.0
Ind.....	1,187	208,141	175.35	+9.6	+13.5	(7/)	(7/)
Iowa.....	3,995	619,250	155.01	-43.9	-25.2	-23.4	+8.5
Kans. 5/.....	3,589	3/ 554,463	154.49	+2.2	-.3	+32.7	+38.7
Ky. 5/.....	12,634	405,442	32.09	+5.9	-5.4	+24.6	+.6
La.....	430	69,286	161.13	-18.6	-32.3	-19.3	-25.4
Maine 5/.....	336	100,622	299.47	-37.9	-30.6	-7.7	+13.4
Md. 5/8/.....	13,305	567,205	42.63	-4.2	-1.0	+21.0	+48.7
Mass.....	31,815	3/ 5,739,982	180.42	-.9	+3.0	+13.0	+20.6
Mich.....	11,697	4,384,477	374.84	+51.7	+43.9	+102.0	+85.2
Mont.....	1,869	288,197	154.20	+1.2	-8.5	(7/)	(7/)
Nebr. 5/.....	3,010	3/ 619,138	205.69	+2.7	-.3	+934.4	+536.1
Nev.....	96	3/ 145,900	(9/)	(4/)	(4/)	(7/)	(7/)
N. H.....	2,313	85,772	37.08	+17.7	-25.4	+61.4	+17.3
N. J.....	5,962	3/ 1,494,638	250.69	+.5	-.8	+12.2	+15.0
N. Mex. 5/.....	86	27,659	321.62	(4/)	(4/)	(7/)	(7/)
N. Y. 5/.....	36,836	3/ 11,348,413	308.08	+17.1	+15.7	+11.0	+17.6
N. C.....	3,019	215,624	71.42	-5.3	-30.4	+399.8	+17.1
Oreg.....	4,509	660,449	146.47	+2.0	+3.1	+11.1	+7.1
R. I. 5/.....	10,410	896,574	86.13	-8.3	-26.4	+849.8	+298.5
S. C.....	1,235	211,204	171.02	-11.8	-4.1	+17.2	+15.7
S. Dak.....	1,466	139,460	95.13	+3.9	+6.0	+169.0	+413.5
Tenn.....	11,242	434,758	38.67	-3.9	+9.4	+34.5	+46.7
Utah.....	2,473	306,457	123.92	+6.3	+14.0	+9.2	+20.7
Vt. 5/.....	207	32,121	155.17	+24.7	+1.7	+65.6	-27.3
V. I.....	98	2,117	21.60	(4/)	(4/)	-4.9	+75.5
Va.....	4,305	294,898	68.50	+.3	+5.7	+68.2	+44.5
Wash.....	10,425	1,537,883	147.52	+2.2	+3.8	+5.3	+3.1
W. Va.....	11,434	276,636	24.19	(10/)	-33.3	(11/)	-17.2
Wisc.....	5,973	853,336	142.87	-7.0	-8.1	+20.5	+9.9
Wyo.....	15	18,288	(4/)	(4/)	(4/)	(4/)	(4/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $29,086 in Colorado, $6 in Connecticut, $15,351 in Kansas, $94,279 in Massachusetts, $14,555 in Nebraska, $980 in Nevada, $8,773 in New Jersey, and $49,802 in New York. 4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 5/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 6/ Data for December; February data not received. 7/ No program in operation in February 1965. 8/ Estimated. 9/ Not computed because of adjustments in payments. 10/ Decrease of less than 0.05 percent. 11/ Increase of less than 0.05 percent.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, February 1966 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1966 in--		February 1965 in--	
				Number	Amount	Number	Amount
Total 2/3/....	85,524	$7,739,703	$90.50	-0.1	-1.8	-10.8	-6.4
Ala.....	1,873	129,031	68.89	-.1	-.3	+2.7	+2.8
Alaska 4/.....	107	8,972	83.85	-2.7	+2.8	-2.7	-.5
Ariz.....	790	56,462	71.47	-.3	-.4	-3.5	-3.2
Ark.....	1,912	140,801	73.64	-.4	+2.1	-.9	+4.0
Calif. 2/.....	12,488	1,729,594	138.50	-.4	-5.9	+.9	-.2
Colo.....	236	21,302	90.26	0	-1.4	-6.0	-1.0
Conn.....	307	36,088	117.55	+.3	+5.3	-.6	-4.6
Del.....	330	29,057	88.05	+1.5	+7.8	+11.1	+11.4
Dist. of Col.....	193	14,252	73.84	-1.5	-2.5	-4.9	-11.2
Fla. 4/.....	2,578	176,084	68.30	-.3	-.5	-.5	-1.7
Ga.....	3,203	198,409	61.94	+.5	+1.0	+.2	+3.9
Guam 5/.....	6	180	(6/)	---	---	---	---
Hawaii 4/.....	69	6,013	87.14	(6/)	(6/)	(6/)	(6/)
Idaho.....	122	8,637	70.80	+.8	-.1	-10.9	-16.4
Ill. 4/.....	2,183	150,159	68.79	+.6	-1.2	-11.2	-35.2
Ind.....	1,725	164,320	95.26	+.1	-2.8	-2.9	+10.7
Iowa.....	1,085	111,490	102.76	-.7	-.5	-5.7	-4.7
Kans. 4/.....	470	47,012	100.03	-1.9	-9.4	-8.7	-2.9
Ky. 4/.....	2,497	185,130	74.14	-.6	+1.0	+.3	+2.1
La.....	2,664	213,962	80.32	+.1	+.2	-4.0	-5.2
Maine 4/.....	260	22,441	86.31	-1.9	-2.0	-15.3	-11.5
Md. 4/.....	381	32,609	85.59	-.3	-2.1	-1.6	+3.6
Mass.....	2,265	310,878	137.25	-.5	-11.7	-.7	+2.3
Mich.....	1,612	145,906	90.51	-1.5	-11.2	-3.7	-9.0
Minn.....	966	70,386	72.86	+.6	+1.1	-7.6	-39.2
Miss.....	2,514	117,717	46.82	-.7	-.7	-4.7	+.4
Mo. 2/.....	4,254	340,320	80.00	-1.0	-1.0	-3.7	+2.7
Mont.....	224	16,099	71.87	-.4	+.7	-10.4	-25.7
Nebr. 4/.....	532	59,065	111.02	-.6	+4.4	-15.0	-14.0
Nev.....	159	17,488	109.99	-1.9	+.4	+1.9	-2.0
N. H.....	244	27,999	114.75	0	+2.7	-8.6	-.9
N. J.....	909	83,508	91.87	-.8	-3.2	-2.4	+1.5
N. Mex. 4/.....	349	36,150	103.58	-.6	-1.2	+1.2	+9.1
N. Y. 4/.....	3,206	372,897	116.31	+3.3	+4.3	+3.6	+8.1
N. C.....	4,805	346,050	72.02	-.6	-.1	-3.4	(7/)
N. Dak. 4/.....	78	6,589	84.47	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,121	285,770	91.56	-.4	+3.2	-4.7	+3.8
Okla. 4/.....	1,594	164,465	103.18	-.9	-2.4	-2.8	-17.9
Oreg.....	502	47,494	94.61	+2.2	+2.8	+10.8	+14.8
Pa. 3/.....	9,130	917,003	100.44	+1.5	+.9	-48.2	-31.4
P. R. 4/.....	1,309	11,312	8.64	-.1	(7/)	-6.4	-4.6
R. I. 4/.....	106	10,475	98.82	-.9	-.9	+5.0	+11.6
S. C.....	1,882	122,393	65.03	-.4	+3.8	+2.0	+6.2
S. Dak.....	108	7,635	70.69	-2.7	-4.3	-6.9	-5.4
Tenn.....	2,045	124,012	60.64	-.2	+3.0	-3.5	+4.8
Tex.....	4,438	315,431	71.08	-.9	-1.1	-6.4	-4.4
Utah.....	167	12,535	75.06	+.6	+2.0	-.6	+3.7
Vt. 4/.....	122	9,784	80.20	-2.4	+6.5	+1.7	+10.8
V. I.....	10	370	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,136	83,345	73.37	-.5	-1.3	0	+4.0
Wash.....	675	63,131	93.53	-.7	+13.2	+.9	+7.9
W. Va.....	762	45,038	59.10	+.7	+.8	-3.9	+18.4
Wisc.....	764	80,814	105.78	-.4	-2.2	-3.9	+3.0
Wyo.....	57	5,639	98.93	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $12,115 to 70 recipients and Missouri, $63,166 to 779 recipients. 3/ Does not include $663,728 to 8,192 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for December; February data not received. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, February 1966 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1966 in--		February 1965 in--	
				Number	Amount	Number	Amount
Total.....	578,374	$48,934,769	$84.61	+0.8	+1.1	+8.3	+13.0
Ala.....	14,796	745,987	50.42	+.1	+.2	-.1	+7.5
Alaska 2/.....	247	33,767	136.71	+2.9	+8.1	+21.1	+48.5
Ariz.....	4,140	277,601	67.05	+1.2	+1.4	+21.5	+21.0
Ark.....	9,652	609,639	63.16	-1.4	-1.6	+1.6	+8.3
Calif.....	84,587	10,168,831	120.22	+1.2	+1.2	+31.5	+38.0
Colo.....	6,485	514,004	79.26	+1.2	-.1	+7.3	+11.8
Conn.....	8,993	756,009	84.07	+.8	+8.8	+13.0	+15.6
Del.....	504	38,636	76.66	+.8	+3.3	+14.5	+15.7
Dist. of Col....	3,459	283,452	81.95	+.5	+.7	+7.0	+6.1
Fla. 2/.....	18,520	1,284,286	69.35	+.7	+1.2	+6.7	+5.3
Ga.....	27,849	1,746,445	62.71	+.8	+3.3	+3.2	+6.9
Guam 3/.....	46	2,828	(4/)	---	---	---	---
Hawaii 2/.....	1,057	93,346	88.31	+1.4	-2.3	-8.2	-38.4
Idaho.....	3,198	187,064	58.49	+.9	+1.1	+5.3	+8.6
Ill. 2/.....	29,224	2,118,786	72.50	+1.0	-1.6	+.1	-24.8
Ind.....	1,844	240,357	130.35	+2.3	-5.9	+26.8	+27.6
Iowa.....	1,457	142,499	97.80	+1.7	+2.3	+16.5	+39.4
Kans. 2/.....	5,293	628,750	118.79	-.3	-.4	+5.8	+10.5
Ky. 2/.....	12,134	949,649	78.26	+.5	-.3	+11.9	+12.6
La.....	20,001	1,198,315	59.91	+.5	(5/)	+2.5	+4.7
Maine 2/.....	2,280	209,452	91.86	+.7	+.5	+.6	+3.6
Md. 2/.....	8,219	772,565	94.00	+.5	+1.3	+6.2	+25.1
Mass.....	13,691	2,125,458	155.24	+.3	+4.3	+8.6	+21.9
Mich.....	14,194	1,587,049	111.81	+1.9	-.9	+39.9	+38.6
Minn.....	4,743	326,104	68.75	+5.4	+6.3	+25.6	+40.4
Miss.....	19,827	906,539	45.72	+.6	+.6	+6.9	+12.6
Mo.....	15,568	1,225,602	78.73	-.3	+1.0	+3.1	+15.2
Mont.....	1,627	101,513	62.39	+.7	+1.1	+19.8	-4.9
Nebr. 2/.....	3,056	346,510	113.39	+2.9	+.7	+15.1	+35.9
N. H.....	656	79,240	120.79	+1.9	+2.2	+7.7	+39.5
N. J.....	8,918	933,141	104.64	+.1	-1.0	+2.5	+9.2
N. Mex. 2/.....	4,054	409,347	100.97	+.6	+.7	+8.0	+18.2
N. Y. 2/.....	36,818	4,898,969	133.06	+4.2	+2.4	+6.0	+11.8
N. C.....	22,580	1,749,706	77.49	-2.2	-4.2	+3.2	+19.9
N. Dak. 2/.....	1,563	124,943	79.94	+.9	+8.0	-4.3	-40.7
Ohio.....	19,977	1,721,034	86.15	(6/)	+1.2	+2.4	+12.0
Okla. 2/.....	15,551	1,434,158	92.22	+1.0	-1.1	+10.0	-9.5
Oreg.....	8,733	639,224	73.20	+1.3	+4.7	+8.5	+15.2
Pa.....	20,028	1,442,902	72.04	+.7	+1.3	-2.5	-9.3
P. R. 2/.....	20,120	174,146	8.66	-.3	-.3	-3.7	-3.4
R. I. 2/.....	2,919	282,448	96.76	+.3	+.2	+2.6	+4.6
S. C.....	9,206	507,063	55.08	-.1	-2.3	+3.3	+7.2
S. Dak.....	1,164	90,043	77.36	+1.3	+.1	+4.6	+16.6
Tenn.....	14,260	850,922	59.67	+.6	+2.8	+8.0	+18.2
Tex.....	10,148	596,993	58.83	-.1	-.2	+3.9	+7.0
Utah.....	4,977	380,191	76.39	+.2	+3.8	-.6	+13.0
Vt. 2/.....	1,357	116,994	86.22	+.1	-2.3	+11.6	+13.4
V. I.....	48	1,915	(4/)	(4/)	(4/)	(4/)	(4/)
Va.....	6,914	502,545	72.69	+.3	-1.9	+.5	+6.0
Wash.....	18,773	1,167,306	62.18	+.3	+8.2	+3.4	+5.9
W. Va.....	5,787	319,170	55.15	+.2	+.3	-.8	+7.2
Wisc.....	6,404	829,314	129.50	-.6	+1.1	+2.5	+8.7
Wyo.....	728	62,012	85.18	+.4	-4.1	+11.3	+6.2

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ December data; February data not received. 4/ Average payment not computed on base of fewer than 50 recipients, percentage change on fewer than 100 recipients. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, February 1966 1/

(Includes vendor payments for medical care and cases receiving only such payments)

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		Jan. 1966 in--		Feb. 1965 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/..	1,091,605	4,559,838	3,432,747	$160,123,144	$146.69	$35.12	+1.4	+1.8	+3.1	+7.5
Ala. 3/.....	17,312	70,902	56,221	904,307	52.24	12.75	+.2	+.4	-6.8	+.9
Alaska 3/.....	1,291	4,732	3,637	168,030	130.15	35.51	+1.4	+2.4	+.1	+3.1
Ariz. 3/.....	9,383	40,593	30,884	1,138,266	121.31	28.04	+.4	+.1	(5/)	-1.4
Ark.....	7,491	31,616	23,928	545,497	72.82	17.25	+1.3	+3.3	+4.1	+7.8
Calif. 3/ 4/....	155,636	645,129	476,108	29,548,513	189.86	45.80	+2.0	+3.5	+14.8	+17.7
Colo.....	11,926	46,239	35,835	1,899,153	159.24	41.07	+1.1	+4.2	+8.7	+23.1
Conn. 4/.....	14,065	56,758	42,076	2,917,014	207.40	51.39	+2.4	+10.7	-5.3	+3.9
Del. 4/.....	2,907	13,255	10,031	385,414	132.58	29.08	+7.2	+8.1	+.3	+3.5
Dist. of Col....	4,700	22,448	18,116	746,469	158.82	33.25	+.5	+.6	+10.5	+12.1
Fla.....	29,072	113,031	90,268	1,795,641	61.77	15.89	+3.9	+4.3	+5.8	+4.7
Ga.....	20,298	80,996	62,662	1,957,388	96.43	24.17	+2.6	+3.7	+10.5	+20.8
Guam 6/.....	144	773	651	14,906	103.51	19.28	---	---	---	---
Hawaii 4/.....	3,401	14,879	11,086	581,209	170.89	39.06	+.3	+1.2	+5.6	+12.6
Idaho.....	2,571	10,006	7,326	395,195	153.71	39.50	+.2	-.1	-1.5	+.6
Ill. 3/ 4/.....	53,815	255,169	198,795	10,182,035	189.20	39.90	+.6	-1.0	-3.5	-14.2
Ind. 3/.....	11,676	48,463	36,560	1,544,319	132.24	31.87	-.2	-2.2	+.4	+10.6
Iowa.....	11,448	46,072	33,627	1,915,283	167.30	41.57	+.1	+.5	+4.7	+12.6
Kans. 3/ 4/.....	8,983	37,889	29,308	1,533,240	170.68	40.47	+1.3	+1.0	+.9	+4.6
Ky. 3/.....	21,323	83,487	60,201	2,197,547	103.06	26.32	-.2	+.1	+1.7	+2.5
La. 3/.....	24,467	107,873	82,445	2,580,649	105.47	23.92	+.4	+.1	+3.0	+5.4
Maine.....	5,152	19,231	14,208	599,164	116.30	31.16	+2.1	+2.2	+.1	+8.3
Md. 3/ 4/.....	21,783	91,784	70,792	3,567,928	163.79	38.87	+.9	+3.4	+10.3	+28.8
Mass. 4/.....	27,843	105,378	79,119	5,105,780	183.38	48.45	+1.2	+.2	+11.1	+11.7
Mich. 3/ 4/.....	38,133	156,621	117,098	5,616,458	147.29	35.86	+1.0	-.7	-5.7	-6.1
Minn. 3/.....	14,415	52,629	41,023	2,448,848	169.88	46.53	+1.3	+.6	+3.3	-5.0
Miss.....	20,553	83,779	67,439	717,982	34.93	8.57	+.3	+2.8	+1.7	-12.3
Mo. 3/.....	25,933	107,114	82,293	2,743,853	105.81	25.62	-.3	+1.3	(5/)	+5.9
Mont.....	1,999	8,037	6,257	291,699	145.92	36.29	+1.5	+1.6	+13.0	+13.4
Nebr. 3/ 4/.....	4,649	19,145	14,697	627,070	134.88	32.75	+2.3	+1.1	+16.2	+21.1
Nev.....	1,324	5,482	4,332	178,316	134.68	32.53	+.9	+2.9	+4.7	+9.5
N. H.....	1,179	4,858	3,631	236,800	200.85	48.74	+3.7	+8.6	+7.6	+20.3
N. J.....	28,798	114,851	87,265	5,854,602	203.30	50.98	+.4	-.4	+9.1	+12.4
N. Mex. 3/.....	7,375	30,555	23,317	1,042,515	141.36	34.13	+.4	+.7	+3.6	+3.7
N. Y. 4/.....	141,165	600,848	441,099	28,676,477	203.14	47.73	+3.9	+1.5	+13.4	+19.3
N. C. 3/.....	26,629	110,822	83,229	2,888,088	108.46	26.06	-.4	-.6	-.4	+7.8
N. Dak.....	1,979	8,015	6,134	325,188	164.32	40.57	+1.0	+2.2	+1.9	-8.9
Ohio 4/.....	45,817	194,575	145,346	6,647,865	145.10	34.17	+1.8	+4.7	-.1	+8.0
Okla. 3/ 4/.....	18,790	75,300	56,170	2,424,733	129.04	32.20	-.2	-4.0	+3.0	+1.7
Oreg. 3/ 4/.....	9,232	37,044	26,989	1,514,964	164.10	40.90	+3.6	+2.7	+10.6	+15.7
Pa. 4/.....	61,196	269,696	197,133	8,639,685	141.18	32.03	+1.2	+.9	-12.3	-12.5
P. R.....	46,610	187,325	149,216	778,712	16.71	4.16	-1.6	-.5	-7.0	-5.6
R. I. 4/.....	6,109	24,226	17,906	1,056,957	173.02	43.63	+.9	+1.3	-2.1	+3.9
S. C.....	6,905	27,348	22,067	437,084	63.30	15.98	+.4	+.1	-7.9	-5.9
S. Dak.....	3,189	11,972	9,054	395,923	124.15	33.07	+1.2	+2.0	+7.0	+12.5
Tenn. 3/.....	20,392	82,561	63,304	2,035,770	99.83	24.66	+1.1	+2.3	+7.7	+17.5
Tex.....	21,285	96,418	72,950	2,041,421	95.91	21.17	+1.1	+1.8	+4.2	+18.3
Utah 3/ 4/.....	5,881	24,240	17,489	865,665	147.20	35.71	+2.4	+4.7	+3.7	+12.7
Vt.....	1,471	5,618	4,150	165,711	112.65	29.50	+.5	(7/)	+3.7	+2.8
V. I.....	311	1,228	1,039	24,662	79.30	20.08	+.7	+3.4	+4.8	+11.8
Va. 3/.....	11,131	47,485	36,592	1,199,409	107.75	25.26	+1.3	+.4	+2.4	+4.5
Wash. 3/ 4/.....	17,122	69,356	49,658	2,643,490	154.39	38.11	-.8	+2.8	-12.5	-4.7
W. Va. 3/ 4/.....	23,149	108,365	75,612	2,961,797	127.94	27.33	+.9	+1.0	-8.2	-3.8
Wisc. 3/.....	11,101	43,510	33,198	2,257,191	203.33	51.88	+1.5	+8.2	-2.5	+4.4
Wyo.....	1,094	4,110	3,176	161,262	147.41	39.24	+3.0	+1.8	+16.7	+14.6

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Decrease of less than 0.05 percent. 6/ Data for December; February data not received. 7/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, February 1966 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per		January 1966 in--		February 1965 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total..	70,821	413,961	280,774	$14,202,792	$200.54	$34.31	+6.7	+8.5	-11.4	-8.6
Calif.....	21,064	123,351	84,325	4,856,210	230.55	39.37	+5.5	+16.1	+19.3	+19.4
Colo.....	252	1,496	995	56,537	224.35	37.79	+141.3	+269.6	(3/)	(3/)
Conn.....	1,120	6,702	4,522	234,541	209.41	35.00	+9.3	+28.3	-41.3	-37.3
Del.....	321	2,070	1,389	54,231	168.94	26.20	+35.8	+34.1	-25.1	-25.6
Hawaii.....	262	1,716	1,192	59,605	227.50	34.73	-.6	+4.4	-10.8	+3.5
Ill.....	4,367	28,622	20,070	1,089,792	249.55	38.08	+3.7	+3.8	-32.1	-37.8
Kans.....	397	2,470	1,698	92,046	231.85	37.27	+14.9	+11.8	-19.0	-13.1
Md.....	785	4,644	3,121	154,057	196.25	33.17	+25.8	+27.2	+9.9	+26.3
Mass.....	716	3,940	2,666	177,435	247.81	45.03	+8.1	+7.4	-2.9	+1.2
Mich.....	2,233	14,258	9,876	426,853	191.16	29.94	+5.7	(4/)	-43.9	-46.6
Nebr.....	67	442	312	10,071	150.31	22.79	+78.2	+79.6	(3/)	(3/)
N. Y.....	16,101	91,763	62,316	3,218,432	199.89	35.07	+9.1	+4.7	-4.5	-2.9
Ohio.....	4,396	25,569	17,343	770,637	175.30	30.14	+8.3	+6.6	-16.1	-12.0
Okla.....	50	296	200	9,189	183.78	31.04	+8.8	+12.8	+107.0	+121.6
Oreg.....	1,364	7,756	5,216	295,467	216.62	38.10	+14.4	+13.1	+14.9	+18.9
Pa.....	4,502	26,138	17,460	677,073	150.39	25.90	+6.3	+3.8	-40.8	-40.6
R. I.....	342	2,049	1,378	73,740	215.61	35.99	+3.1	+7.7	-43.1	-39.1
Utah.....	1,214	6,595	4,479	152,769	125.84	23.16	+4.6	+9.0	-4.6	+23.4
Wash.....	2,417	13,958	9,209	417,771	172.85	29.93	+3.1	+9.4	-37.6	-35.1
W. Va.....	8,851	50,126	33,007	1,376,336	155.50	27.46	+2.4	-4.7	-14.4	-10.7

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ No program in operation in February 1965. 4/ Decrease of less than 0.05 percent.

Table 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, February 1966 1/

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
			Adults		Children	Total	For work performed on work and training programs	Average per family	
		Total 2/	On work and training programs	Other				Total	For work performed on work and training programs
Total.....	20,928	117,587	20,967	18,265	78,355	$3,857,737	$2,624,942	$184.33	$125.43
Calif.....	6,118	32,582	6,157	5,033	21,392	1,369,930	495,404	223.92	80.97
Colo.....	243	1,461	243	240	978	52,417	18,861	215.71	77.62
Ill.....	1,250	7,656	1,250	1,053	5,353	283,492	217,044	226.79	173.64
Kans.....	131	832	131	121	580	34,773	16,921	265.44	129.17
Md.....	77	436	77	75	284	13,470	7,224	174.94	93.82
Mich.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	---	---
Ohio.....	3,215	18,435	3,215	2,455	12,765	710,740	551,432	221.07	171.52
Oreg.....	245	1,444	245	222	977	55,089	31,948	224.85	130.40
Pa.....	405	2,324	405	405	1,514	77,016	50,912	190.16	125.71
Wash.....	393	2,291	393	393	1,505	67,100	41,486	170.74	105.56
W. Va.....	8,851	50,126	8,851	8,268	33,007	1,193,710	1,193,710	134.87	134.87

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Data not reported.

Table 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster ca by State, February 1966 1/

State	Number of				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	6,627	2/ 5,699	2/ 272	2,855	$471,327	$71.12	2/ $379,125	2/ $41,646
Ala.....	1	1	0	1	12	(3/)	12	0
Alaska.....	97	97	0	40	9,697	99.97	9,697	0
Ariz.....	181	181	0	68	8,708	48.11	8,708	0
Calif.....	1,408	1,269	139	747	131,805	93.61	101,717	30,088
Ill.....	656	(2/)	(2/)	260	50,556	77.07	(2/)	(2/)
Ind.....	133	133	0	43	5,275	39.66	5,275	0
Kans.....	127	126	1	57	10,896	85.80	10,814	82
Ky.....	44	41	3	13	3,050	(3/)	2,840	210
La.....	650	613	37	268	43,340	66.68	39,083	4,257
Md.....	852	813	39	278	67,737	79.50	63,667	4,070
Mich.....	61	52	9	22	4,054	66.46	3,504	550
Minn.....	(4/)	(4/)	(4/)	(4/)	(4/)	---	(4/)	(4/)
Mo.....	67	67	0	17	3,729	55.66	3,729	0
Nebr.....	23	23	0	10	1,041	(3/)	1,041	0
N. Mex.....	87	87	0	18	5,444	62.57	5,444	0
N. C.....	11	11	0	3	630	(3/)	630	0
Okla.....	345	345	0	241	16,975	49.20	16,975	0
Oreg.....	176	176	0	78	11,664	66.27	11,664	0
Tenn.....	318	281	37	109	19,997	62.88	18,111	1,886
Utah.....	370	370	0	168	18,193	49.17	18,193	0
Va.....	62	62	0	18	2,814	45.39	2,814	0
Wash.....	634	634	0	271	34,828	54.93	34,828	0
W. Va.....	128	121	7	50	7,504	58.63	7,001	503
Wisc.....	196	196	0	75	13,378	68.26	13,378	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children. 4/ Data not received.

Table 11. Medical assistance: Recipients and payments for recipients, February 1966 1/

State	Number of recipients	Payments for recipients	
		Total amount	Average
Total, 6 States 2/.....	376,159	$19,634,762	$52.20
Hawaii.....	3,747	445,638	118.93
Ill.....	3/ 245,700	6,353,751	25.86
Minn.....	52,009	5,182,301	99.64
N. Dak.....	8,999	721,968	80.23
Okla.....	15,704	1,949,015	124.11
Pa.....	50,000	4,982,089	99.64

1/ Program initiated January 1966 under Public Law 89-97. All data subject to revision.
2/ Data not reported by Puerto Rico.
3/ Partly estimated.

Table 12. General assistance: Recipients and payments to recipients, by State, February 1966 1/

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		January 1966 in--		February 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	320,000	718,000	$22,081,000	$68.98	$30.77	+0.4	+1.7	-10.4	-5.8
Ala.	76	76	950	12.50	12.50	(3/)	(3/)	(3/)	(3/)
Alaska	252	932	15,953	63.31	17.12	+56.4	+48.6	+8.4	-10.8
Ariz.	2,452	6,651	126,222	51.48	18.98	-49.4	-36.0	+24.6	+7.6
Ark.	380	1,532	5,687	14.97	3.71	-7.6	-12.9	+2.5	+8.7
Calif.	22,416	37,914	1,299,667	57.98	34.28	-2.4	-1.4	-2.9	+1.7
Colo.	1,640	6,577	82,653	50.40	12.57	+13.6	+5.4	-41.2	-44.7
Conn.	4/ 4,039	4/ 12,771	4/ 314,233	77.80	24.61	-4.7	-5.7	+11.6	-2.8
Del.	1,546	2,536	80,630	52.15	31.79	-2.5	+6.9	-13.3	-8.4
Dist. of Col.	850	920	65,266	76.78	70.94	+5.3	+4.2	+13.4	+13.7
Fla. 5/	8,200	(6/)	252,000	---	---	---	---	---	---
Ga.	2,471	6,490	73,407	29.71	11.31	+2.8	-.8	+1.0	-4.4
Guam 7/	38	46	2,059	(3/)	(3/)	---	---	---	---
Hawaii	1,061	1,554	94,998	89.54	61.13	+.5	+1.2	+16.2	+30.5
Ill.	22,786	51,340	1,878,967	82.46	36.60	+.8	+5.0	-20.9	-18.4
Iowa 5/	3,900	9,500	162,000	---	---	---	---	---	---
Kans.	3,030	7,732	215,546	71.14	27.88	+.2	+4.0	-8.6	-3.6
Ky.	1,313	4,570	45,499	34.65	9.96	+23.2	+.1	-7.4	-13.3
La.	7,336	8,067	380,767	51.90	47.20	-2.3	-2.0	-12.0	-12.5
Maine	3,074	10,104	149,499	48.63	14.80	+9.4	+15.0	-14.2	-9.3
Md.	8,622	9,801	667,776	77.45	68.13	+2.5	+1.6	+12.3	+19.8
Mass.	7,671	15,639	520,412	67.84	33.28	+3.9	(8/)	-14.5	-14.2
Mich.	18,524	55,539	1,795,216	96.91	32.32	-.1	+7.3	-16.6	+5.6
Minn.	8,298	25,770	703,877	84.82	27.31	+3.9	+4.4	-28.8	-29.6
Miss.	1,093	1,334	19,180	17.55	14.38	+.3	-1.9	-22.2	-1.0
Mo.	9,944	13,162	657,893	66.16	49.98	+2.1	+.8	-4.2	-1.7
Mont.	1,601	5,120	95,377	59.57	18.63	+10.5	+10.2	-4.0	+2.7
Nev.	453	870	25,085	55.38	28.83	+5.2	+3.0	+5.6	+19.2
N. H.	813	2,813	52,408	64.46	18.63	(8/)	+.2	-35.6	-35.4
N. J. 9/	10,950	35,639	1,258,625	114.94	35.32	+4.6	+4.7	-15.8	-15.1
N. Mex.	285	556	11,996	42.09	21.58	-12.6	-3.9	+12.8	-7.7
N. Y. 10/	52,546	114,981	4,782,420	91.01	41.59	+.6	+1.1	+8.0	+14.0
N. C.	2,232	7,519	54,286	24.32	7.22	+24.1	+18.4	+2.9	-4.8
N. Dak.	613	2,769	40,750	66.48	14.72	+18.7	+9.7	-17.8	-19.4
Ohio	26,322	84,348	1,778,540	67.57	21.09	-2.7	+.7	-13.5	-10.5
Okla.	8,803	(6/)	100,079	11.37	---	---	-3.1	---	+4.8
Oreg.	4,458	(6/)	276,648	62.06	---	---	+6.6	---	-23.6
Pa.	32,162	39,237	2,223,081	69.12	56.66	+.5	+.3	-13.8	-9.5
P. R.	893	893	7,518	8.42	8.42	-16.5	-16.9	-19.7	-19.5
R. I.	2,751	7,225	168,576	61.28	23.33	+4.9	+7.3	-7.6	-16.9
S. C.	1,237	1,401	36,172	29.24	25.82	+1.1	-.5	-20.2	+5.7
S. Dak.	559	1,964	22,242	39.79	11.32	+24.2	+16.5	-31.0	-20.9
Tenn.	2,184	4,260	48,598	22.25	11.41	+8.9	-8.4	+5.6	+.8
Tex. 11/	9,600	(6/)	262,000	---	---	---	---	---	---
Utah	770	954	48,530	63.03	50.87	+3.2	-5.5	-85.3	-70.3
Vt. 11/	1,100	(6/)	37,000	---	---	---	---	---	---
V. I.	202	214	7,717	38.20	36.06	-.9	-4.5	+16.9	+19.7
Va.	3,285	8,646	159,495	48.55	18.45	+19.8	+9.6	+13.1	+12.5
Wash.	7,683	12,243	547,992	71.33	44.76	-13.5	-6.5	-31.3	-25.0
W. Va.	1,612	2,803	57,905	35.92	20.66	+.1	-2.5	+1.0	-5.6
Wisc.	6,358	20,446	568,405	89.40	27.80	+2.9	+3.3	-17.1	-22.0
Wyo.	604	2,255	49,761	82.39	22.07	+3.1	+17.9	-30.6	-27.4

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 6 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for December; February data not received. 8/ Increase of less than 0.05 percent. 9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 10/ Includes an unknown number of cases and persons receiving only medical care. 11/ Estimated on basis of reports from sample of local jurisdictions.

Table 13. Amount of vendor payments for medical care for recipients of public assistance, by program and State, February 1966 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	Medical assistance	General assistance 1/
Total	$33,094,192	$47,733,515	$775,344	$10,860,363	$10,946,679	2/ $19,634,762	$8,365,000
Ala.	1,333,423	81,877	4,782	76,818	608	(3/)	---
Alaska 4/	30,696	(3/)	419	16,163	521	(3/)	---
Ariz.	84,368	(3/)	---	---	---	(3/)	---
Ark.	913,186	226,827	27,244	242,010	55,191	(3/)	---
Calif.	3,182,595	11,312,425	166,705	1,467,863	1,445,197	(3/)	---
Colo.	831,145	5/ 1,184,781	4,310	108,612	154,865	(3/)	74,666
Conn.	153,482	5/ 1,496,228	15,063	350,294	518,860	(3/)	---
Del.	21,022	8,610	3,225	---	---	(3/)	---
Dist. of Col.	73,774	128,610	264	30,146	1,638	(3/)	124
Fla. 4/	1,133,399	355,268	15,327	210,141	65,196	(3/)	---
Ga.	1,154,728	(3/)	16,689	199,663	53,838	(3/)	---
Guam 6/	3,308	1,626	---	1,310	2,112	(3/)	---
Hawaii	---	(3/)	---	---	---	445,638	31,581
Idaho	43,398	398,873	90	25,752	---	(3/)	---
Ill.	---	(3/)	---	---	---	6,353,751	788,297
Ind.	1,029,275	208,141	58,704	154,376	278,989	(3/)	---
Iowa	1,084,369	619,250	12,360	20,397	186,393	(3/)	7/ 319,000
Kans. 4/	494,386	5/ 554,463	10,827	143,714	250,149	(3/)	149,852
Ky. 4/	762,851	405,442	22,869	166,087	281,829	(3/)	---
La.	2,207,053	69,286	6,565	114,360	19,202	(3/)	4,072
Maine 4/	365,670	100,622	3,250	49,020	30,912	(3/)	91,661
Md. 4/	510,828	8/ 567,205	8,487	239,232	344,190	(3/)	4,648
Mass.	1,015,964	5/ 5,739,982	5,860	1,218,026	603,084	(3/)	189,942
Mich.	857,731	4,384,477	11,890	320,981	257,108	(3/)	804,407
Minn.	---	(3/)	---	---	---	5,182,301	8/ 250,000
Miss.	145,373	(3/)	2,520	---	---	(3/)	---
Mo.	1,307,324	(3/)	---	100,553	75,808	(3/)	31,794
Mont.	86,916	288,197	15	193	366	(3/)	315,772
Nebr. 4/	458,715	5/ 619,138	27,404	189,530	87,478	(3/)	---
Nev.	24,872	5/ 145,900	1,874	(3/)	10,990	(3/)	150,057
N. H.	100,668	85,772	5,023	23,755	38,746	(3/)	---
N. J.	342,233	5/ 1,494,638	11,660	272,429	322,120	(3/)	250,759
N. Mex. 4/	298,509	27,659	10,944	126,854	137,520	(3/)	5,825
N. Y. 4/	1,318,277	5/11,348,413	104,772	2,217,741	2,956,610	(3/)	345,776
N. C.	566,730	215,624	27,362	373,639	297,918	(3/)	84,820
N. Dak.	---	(3/)	---	---	---	721,968	17,516
Ohio	1,872,044	(3/)	58,348	345,376	784,825	(3/)	1,095,640
Okla.	---	(3/)	---	---	---	1,949,015	---
Oreg.	172,780	660,449	5,804	220,156	163,836	(3/)	84,800
Pa.	---	(3/)	---	---	---	4,982,089	277,944
P. R.	---	(3/)	---	---	---	(2/)	---
R. I. 4/	96,617	896,574	1,935	58,205	148,254	(3/)	66,001
S. C.	386,492	211,204	21,154	91,177	21,801	(3/)	12,239
S. Dak.	231,984	139,460	441	20,951	---	(3/)	111,393
Tenn.	654,077	434,758	6,953	62,744	96,183	(3/)	---
Tex.	3,700,849	(3/)	---	---	---	(3/)	---
Utah	62,426	306,457	3,183	176,117	100,390	(3/)	1,654
Vt. 4/	249,104	32,121	2,249	35,432	---	(3/)	---
V. I.	1,293	2,117	3	48	156	(3/)	194
Va.	296,281	294,898	14,583	102,866	42,990	(3/)	26,633
Wash.	633,223	1,537,883	19,468	599,176	318,359	(3/)	122,491
W. Va.	199,575	276,636	11,340	74,464	385,124	(3/)	20,010
Wisc.	2,553,248	853,336	41,751	602,677	395,693	(3/)	218,890
Wyo.	47,931	18,288	1,628	11,315	11,630	(3/)	40,712

1/ Data incomplete. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 2/ Data not reported by Puerto Rico. 3/ No program in operation. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Includes money payments not subject to Federal participation as follows: $29,086 in Colorado, $6 in Connecticut, $15,351 in Kansas, $94,279 in Massachusetts, $14,555 in Nebraska, $980 in Nevada, $8,773 in New Jersey, and $49,802 in New York. 6/ Data for December; February data not received. 7/ Partly estimated. 8/ Estimated.

Table 14. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, February 1966 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)			Medical assistance
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor pay ments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	
Total....	$78.69	$62.97	$15.72	$184.95	$90.50	$81.43	$9.07	$84.61	$65.83	$18.78	$35.12	$32.72	$2.40	2/$52.20
Ala.....	71.03	59.10	11.93	319.83	68.89	66.34	2.55	50.42	45.23	5.19	12.75	12.75	.01	(3/)
Alaska 4/.....	93.02	70.71	22.31	(3/)	83.35	79.93	3.92	136.71	71.27	65.44	35.51	35.40	.11	(3/)
Ariz.....	62.59	56.25	6.34	(3/)	71.47	71.47	---	67.05	67.05	---	28.04	28.04	---	(3/)
Ark.....	64.79	49.58	15.20	73.10	73.64	59.39	14.25	63.16	38.09	25.07	17.25	15.51	1.75	(3/)
Calif.....	108.97	97.49	11.48	305.78	138.50	125.15	13.35	120.22	102.86	17.35	45.80	43.56	2.24	(3/)
Colo.....	97.99	78.42	19.57	135.96	90.26	72.00	18.26	79.26	62.51	16.75	41.07	37.72	3.35	(3/)
Conn.....	89.90	64.05	25.84	172.40	117.55	68.49	49.07	84.07	45.11	38.95	51.39	42.25	9.14	(3/)
Del.....	68.93	54.90	14.02	57.40	88.05	78.28	9.77	76.66	76.66	---	29.08	29.08	---	(3/)
Dist. of Col..	94.29	62.32	31.96	247.80	73.84	72.48	1.37	81.95	73.23	8.72	33.25	33.18	.07	(3/)
Fla 4/.....	65.21	50.20	15.0.	344.59	68.30	62.36	5.95	69.35	58.00	11.35	15.89	15.31	.58	(3/)
Ga.....	59.80	47.39	12.41	(3/)	61.94	56.73	5.21	62.71	55.54	7.17	24.17	23.50	.66	(3/)
Guam 5/.....	53.80	35.72	18.08	(6/)	(6/)	(6/)	---	(6/)	(6/)	(6/)	19.28	16.55	2.73	(3/)
Hawaii 4/.....	72.17	72.17	---	(3/)	87.14	87.14	---	88.31	88.31	---	39.06	39.06	---	118.93
Idaho.....	73.98	62.78	11.20	150.92	70.80	70.06	.74	58.49	50.44	8.05	39.50	39.50	---	(3/)
Ill. 4/.....	54.63	54.63	---	(3/)	68.79	68.79	---	72.50	72.50	---	39.90	39.90	---	25.86
Ind.....	92.34	44.60	47.75	175.35	95.26	61.23	34.03	130.35	46.63	83.72	31.87	26.11	5.76	(3/)
Iowa.....	96.30	55.37	40.93	155.01	102.76	91.36	11.39	97.80	83.80	14.00	41.57	37.53	4.05	(3/)
Kans. 4/.....	93.49	68.94	24.55	154.49	100.03	76.99	23.04	118.79	91.64	27.15	40.47	33.86	6.60	(3/)
Ky. 4/.....	63.20	50.27	12.93	32.09	74.14	64.98	9.16	78.26	64.58	13.69	26.32	22.95	3.38	(3/)
La.....	82.89	65.98	16.91	161.13	80.32	77.85	2.46	59.91	54.20	5.72	23.92	23.75	.18	(3/)
Maine 4/.....	86.18	52.19	33.99	299.47	86.31	73.81	12.50	91.86	70.36	21.50	31.16	29.55	1.61	(3/)
Md. 4/.....	93.23	43.30	49.93	7/42.63	85.59	63.31	22.28	94.00	64.89	29.11	38.87	35.12	3.75	(3/)
Mass.....	92.61	72.36	20.25	180.42	137.25	134.67	2.59	155.24	66.28	88.97	48.45	42.73	5.72	(3/)
Mich.....	87.05	66.30	20.76	374.84	90.51	83.14	7.38	111.81	89.20	22.61	35.86	34.22	1.64	(3/)
Minn.....	53.47	53.47	---	(3/)	72.86	72.86	---	68.75	68.75	---	46.53	46.53	---	99.64
Miss.....	40.86	38.88	1.99	(3/)	46.82	45.82	1.00	45.72	45.72	---	8.57	8.57	---	(3/)
Mo.....	75.56	62.40	13.16	(3/)	80.00	80.00	---	78.73	72.27	6.46	25.62	24.91	.71	(3/)
Mont.....	83.99	63.06	20.94	154.20	71.87	71.80	.07	62.39	62.27	.12	36.29	36.25	.05	(3/)
Nebr. 4/.....	88.86	45.10	43.75	205.69	111.02	59.51	51.51	113.39	51.37	62.02	32.75	28.18	4.57	(3/)
Nev.....	84.40	73.72	10.68	(8/)	109.99	98.20	11.79	(3/)	(3/)	(3/)	32.53	30.52	2.00	(3/)
N. H.....	110.82	87.05	23.78	37.08	114.75	94.16	20.59	120.79	84.58	36.21	48.74	40.77	7.98	(3/)
N. J.....	88.95	64.49	24.46	250.69	91.87	79.04	12.83	104.64	74.09	30.55	50.98	48.17	2.80	(3/)
N. Mex. 4/....	87.58	57.30	30.28	321.62	103.58	72.22	31.36	100.97	69.68	31.29	34.13	29.62	4.50	(3/)
N. Y. 4/.....	96.66	73.72	22.95	308.08	116.31	83.63	32.68	133.06	72.82	60.24	47.73	42.81	4.92	(3/)
N. C.....	67.74	54.24	13.50	71.42	72.02	66.32	5.69	77.49	60.94	16.55	26.06	23.37	2.69	(3/)
N. Dak. 4/....	76.29	76.29	---	(3/)	84.47	84.47	---	79.94	79.94	---	40.57	40.57	---	80.23
Ohio.....	92.41	68.77	23.63	(3/)	91.56	72.87	18.70	86.15	68.86	17.29	34.17	30.13	4.03	(3/)
Okla. 4/.....	75.25	75.25	---	(3/)	103.18	103.18	---	92.22	92.22	---	32.20	32.20	---	124.11
Oreg.....	74.44	56.40	18.04	146.47	94.61	83.05	11.56	73.20	47.99	25.21	40.90	36.47	4.42	(3/)
Pa.....	69.27	69.27	---	(3/)	100.44	100.44	---	72.04	72.04	---	32.03	32.03	---	99.64
P. R. 4/.....	8.59	8.59	---	(3/)	8.64	8.64	---	8.66	8.66	---	4.16	4.16	---	(2/)
R. I. 4/.....	97.41	79.62	17.79	86.13	98.82	80.57	18.25	96.76	76.82	19.94	43.63	37.51	6.12	(3/)
S. C.....	55.43	39.52	15.92	171.02	65.03	53.79	11.24	55.08	45.18	9.90	15.98	15.19	.80	(3/)
S. Dak.....	89.90	52.87	37.03	95.13	70.69	66.61	4.08	77.36	59.36	18.00	33.07	33.07	---	(3/)
Tenn.....	61.19	46.49	14.70	38.67	60.64	57.24	3.40	59.67	55.27	4.40	24.66	23.49	1.16	(3/)
Tex.....	75.38	59.15	16.23	(3/)	71.08	71.08	---	58.83	58.83	---	21.17	21.17	---	(3/)
Utah.....	70.66	56.69	13.97	123.92	75.06	56.00	19.06	76.39	41.00	35.39	35.71	31.57	4.14	(3/)
Vt. 4/.....	94.43	46.49	47.94	155.17	80.20	61.76	18.43	86.22	60.10	26.11	29.50	29.50	---	(3/)
V. I.....	40.56	37.56	3.00	21.60	(6/)	(6/)	(6/)	(6/)	(6/)	(6/)	20.08	19.96	.13	(3/)
Va.....	69.78	46.71	23.07	68.50	73.37	60.53	12.84	72.69	57.81	14.88	25.26	24.35	.91	(3/)
Wash.....	79.48	58.32	21.16	147.52	93.53	64.69	28.84	62.18	30.26	31.92	38.11	33.52	4.59	(3/)
W. Va.....	56.33	41.55	14.78	24.19	59.10	44.22	14.88	55.15	42.29	12.87	27.33	23.78	3.55	(3/)
Wisc.....	123.37	29.69	93.68	142.87	105.78	51.13	54.65	129.50	35.39	94.11	51.88	42.78	9.09	(3/)
Wyo.....	88.68	68.23	20.45	(6/)	98.93	70.37	28.56	85.18	69.64	15.54	39.24	36.41	2.83	(3/)

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Data not reported by Puerto Rico. 3/ No program in operation. 4/ Except for aid to families with dependent children and medical assistance, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for December; February data not received. 6/ Average payment not computed on base of fewer than 50 recipients. 7/ Estimated. 8/ Not computed because of adjustments in payments.

Old-age, survivors, and disability insurance benefits, summary data, February 1966

CURRENT MONTH DATA

Type of benefit	Benefits awarded in month		Benefits awarded in current-payment status, end of month			Amount of benefits paid 1/ in month (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	454,087	---	---	---	---	$1,644,943
Total, OASI	396,005	---	---	---	---	1,498,943
Monthly benefits, OASI and DI	359,362	---	21,214,896	$1,544,026	---	1,625,032
Monthly benefits, OASI	301,280	---	19,415,855	1,419,519	---	1,479,033
Monthly benefits, DI	58,082	---	1,799,041	124,507	---	145,999
Old-age (retired-worker)	141,106	$97.90	11,233,892	945,066	$84.13	957,813
Disability (disabled-worker)	24,665	101.16	1,011,941	99,013	97.84	113,936
Wife's or husband's (OASI and DI)	39,246	45.25	2,822,533	121,580	43.07	128,096
Wife's or husband's (OASI)	32,432	47.25	2,622,208	114,631	43.72	119,251
Wife's or husband's (DI)	6,814	35.69	200,325	6,949	34.69	8,845
Widow's or widowers's	36,098	75.03	2,419,405	178,635	73.83	187,801
Parent's	238	86.06	35,110	2,671	76.08	2,923
Child's (OASI and DI)	109,244	---	3,215,503	166,009	---	200,206
Child's (OASI--total)	82,641	---	2,628,728	147,465	---	176,988
Child's (OASI--life) 2/	19,667	39.89	482,298	15,688	32.53	18,725
Child's (OASI--survivor) 2/	62,974	64.52	2,146,430	131,777	61.39	158,263
Child's (DI)	26,603	33.95	586,775	18,545	31.60	23,218
Mother's	8,765	68.71	476,512	31,052	65.17	34,257
Lump sum death payments	94,725	3/222.64	---	---	---	19,910

COMPARATIVE DATA

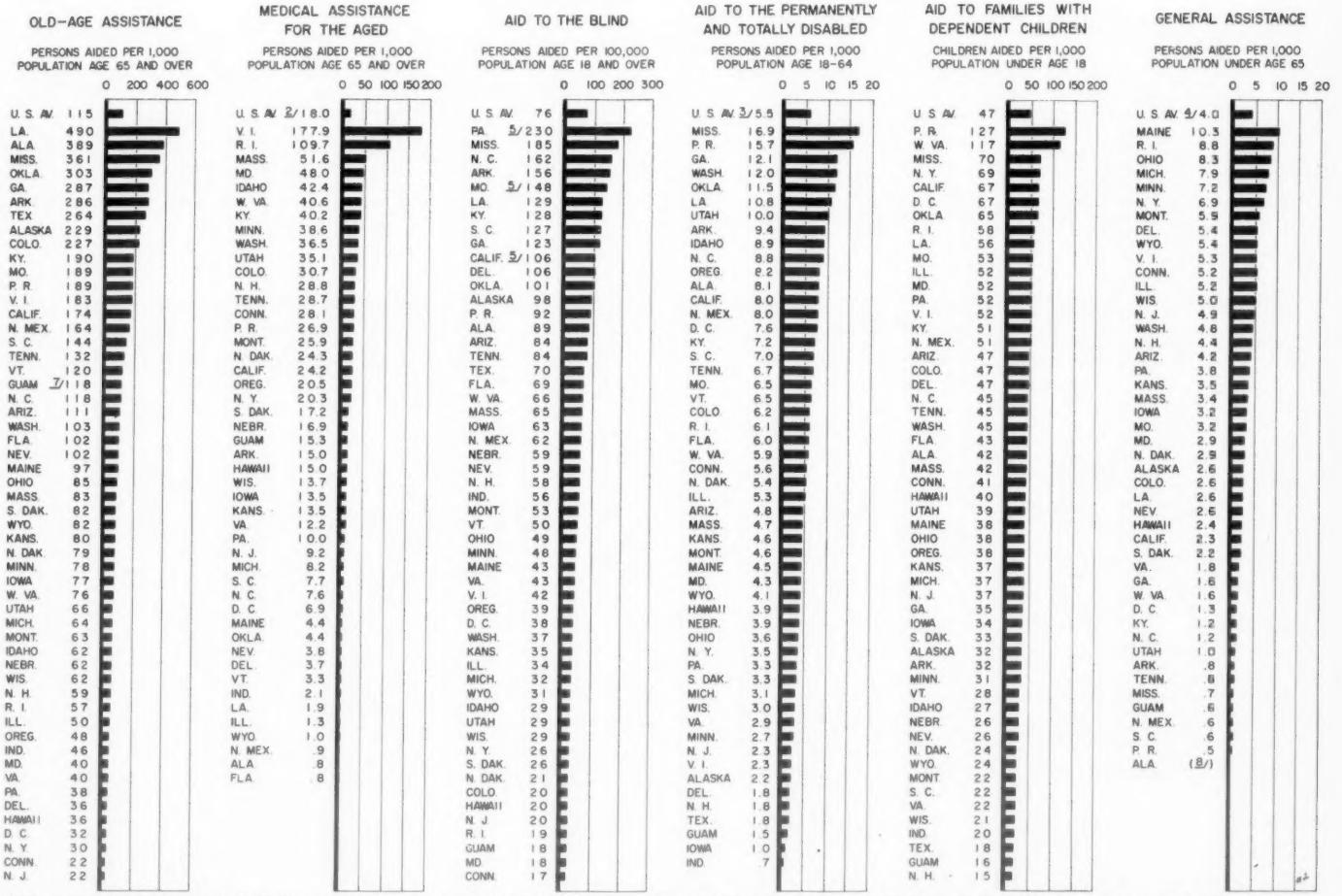
Item	February 1966	January 1966	February 1965
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	21,214,896	21,052,936	19,929,858
Total, OASI	19,415,855	19,289,633	18,338,980
Total, DI	1,799,041	1,763,303	1,590,878
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,644,943	$1,608,550	$1,396,633
Total, OASI	1,498,943	1,468,596	1,274,543
Total, DI	145,999	139,954	122,090
Number of old-age (retired-worker) benefits:			
Awarded	141,106	135,455	79,744
In current-payment status, end of month	11,233,892	11,179,299	10,736,956
Average old-age (retired-worker) benefit:			
Awarded	$97.90	$94.52	$83.03
In current-payment status, end of month	84.13	84.04	77.81
Number of disability insurance (disabled-worker) benefits:			
Awarded	24,665	21,233	25,261
In current-payment status, end of month	1,011,941	997,293	909,941
Average disability insurance (disabled-worker) benefit:			
Awarded	$101.16	$101.16	$92.53
In current-payment status, end of month	97.84	97.80	91.11
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	16,314,000	16,236,000	15,608,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,436,000	14,370,000	13,748,000
Assets of trust funds, end of month (in millions):			
OASI	$17,733	$16,833	$18,948
DI	1,554	1,475	1,972
HI (Hospital Insurance)	160	---	---

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump-sum per worker; 89,430 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

PROPORTION OF POPULATION RECEIVING PUBLIC ASSISTANCE (RECIPIENT RATES) IN THE UNITED STATES, DECEMBER 1965 1/

(EXCEPT FOR GENERAL ASSISTANCE, INCLUDES RECIPIENTS RECEIVING ONLY VENDOR PAYMENTS FOR MEDICAL CARE
CAUTION SHOULD BE USED IN MAKING COMPARISONS WITH EARLIER RATES BECAUSE OF REVISIONS IN POPULATION ESTIMATES ON WHICH RATES ARE BASED)



1/ BASED ON CIVILIAN POPULATION AS OF JANUARY 1, 1966 ESTIMATED BY THE BUREAU OF THE CENSUS. 2/ BASED ON DATA FOR 47 STATES LISTED WITH PROGRAMS IN OPERATION. RATE INCLUDING STATES NOT HAVING PROGRAMS IN OPERATION IS 15.1 PER 1,000 AGED PERSONS. 3/ NO PROGRAM IN NEVADA. 4/ BASED ON DATA FOR 46 STATES. NUMBER AIDED NOT AVAILABLE FOR FLORIDA, IDAHO, INDIANA, NEBRASKA, OKLAHOMA, OREGON, TEXAS AND VERMONT. 5/ INCLUDES RECIPIENTS OF PAYMENTS MADE WITHOUT FEDERAL PARTICIPATION. RECIPIENT RATES EXCLUDING THESE RECIPIENTS ARE AS FOLLOWS: CALIFORNIA, 106; MISSOURI, 121; AND PENNSYLVANIA, 119. 6/ INCLUDES UNKNOWN NUMBER OF PERSONS RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY. 7/ DATA FOR NOVEMBER; DECEMBER DATA NOT RECEIVED. 8/ LESS THAN 0.05.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration
WASHINGTON, D. C. 20201

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